

eDEP Transaction Copy

Here is the file you requested for your records.

To retain a copy of this file you must save and/or print.

Username: JMFOLEYEC

Transaction ID: 793378

Document: AQ Source Registration Package

Size of File: 2462.20K

Status of Transaction: In Process

Date and Time Created: 4/13/2016:11:53:47 AM

Note: This file only includes forms that were part of your transaction as of the date and time indicated above. If you need a more current copy of your transaction, return to eDEP and select to "Download a Copy" from the Current Submittals page.



Bureau of Waste Prevention - Air Quality

Source Registration Overview

Create or Amend a Source Registration Forms Package

2015	
Year of Record	

1210261

Facility AQ identifier



A. Create a Source Registration Package

1.	Select	existing	or new	facility:
----	--------	----------	--------	-----------

~	Existing	Facilit	ies: To create	a complete
pac	kage for	2015	check box.	

check if you added emission units or stacks since your last report.

■ New Facilities – check if you have never before submitted a Source Registration



2. Validate this form:



Date Received (DEP use only – mm/dd/yyyy)

DEP Facility Passcode:

B. Amend a Source Registration

1. If you need to correct or add to a previously submitted Source Registration for 2015 check the boxes in the list below to select the forms/units you wish to work on. Check here to add new units:



How do you amend a prior year's Source Registration?

	N 1				 	
- ^ ^ Ilit\	/ NIAMA:	WHEELAB	D A T C D	NODTII		'D' X T E D
-aciiii\	ivalle.	WHEELAR	RAICIR	NURIH	INCORP.	JKAIFIJ
~~		*****		1101111		/:\/\ L

Our records indicate that this facility has: 10 Emission Units (points) and 3 Physical Stacks

AP-SR Source Registration Form (general facility and contact information) – REQUIRED

AP-TES Total Emissions Statement (facility-wide emissions; includes hazardous Air Pollutant (HAP) reporting).



		?	?	?	?
	Emission unit name (from prior submittals)	Facility's ID#	DEP#	AP form	Last update
/	DIESEL FIRE PUMP	3	3	AP-1	2014
~	PEBBLE LIME STORAGE SILO WITH FABRIC FILTER VENT	7	7	AP-2	2014
/	CARBON STORAGE SILO WITH FABRIC FILTER VENT	4	10	AP-2	2014
/	HYDRATED LIME STORAGE SILO WITH FABRIC FILTER VENT	6	11	AP-2	2014
/	COOLING TOWER	CT-1	13	AP-2	2014
✓	WET SCRUBBER (ASH HOUSE)	EU-3	14	AP-2	2014
~	MUNICIPAL WASTE COMBUSTOR/BOILER #1	1	1	AP-3	2014
/	MUNICIPAL WASTE COMBUSTOR/BOILER #2	2	2	AP-3	2014
/	ABOVEGROUND UREA STORAGE TANK	9	9	AP-4	2014
/	ABOVEGROUND DIESEL FUEL STORAGE TANK	12	12	AP-4	2014
/	DUAL FLUE STACK: 2 MUNICIPAL WASTE COMBUSTORS	1	1	AP-STAC	2014
~	DIESEL FIRE PUMP STACK	2	2	AP-STAC	2014
~	WET SCRUBBER STACK (ASH HOUSE)	3	3	AP-STAC	2014

Additional units (if any) listed on following pages



Massachusetts Department of Environmental Protection Bureau of Waste Prevention – Air Quality

Source Registration Overview Create or Amend a Source Registration Forms Package

2015	
Vear of Record	

1210261

Facility AQ identifier

Emission unit name (from prior submittals)	Facility's ID#	DEP#	AP form	Last update
		\equiv		
		\equiv		
		\vdash		
		\square		
		\equiv		
	1	1 1	1	1



Massachusetts Department of Environmental ProtectionBureau of Waste Prevention – Air Quality

2015

Year of Record

1210261 Facility AQ identifier

Source Registration Overview

Create or Amend a Source Registration Forms Package Facility's Last DEP# AP form Emission unit name ID# update



Bureau of Waste Prevention - Air Quality

BWP AQ AP-SR

Source Registration

2015 Year of Record 1210261 Facility AQ identifier

Important:

When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.





Α.	Facility Information		
1.	Facility - the site or works at which the regulated a	activity occurs:	?
	WHEELABRATOR NORTH ANDOVER INCORP	ORATED	
	a. Facility Name		
	285 HOLT RD b. Facility Street Address Line 1		
	c. Facility Street Address Line 2		
	NORTH ANDOVER	MA	018450000
	d. City/Town	e. State	f. Zip Code
	9786889011 g. Facility Phone Number	9787948058 h. Facility Fax N	
	g. Facility Friend (Valide)	in radiity rax r	i i i i i i i i i i i i i i i i i i i
2.	Mailing address: same address as facility address		
	285 HOLT ROAD		
	a. Facility Mailing Address / PO Box Line 1		
	b. Facility Mailing Address / PO Box Line 2 NORTH ANDOVER	MA	018450000
	c. City/Town	d. State	e. Zip Code
3.	Facility type – check one: ☐ Utility] State □ Loc	al Government
4.		ORIS Facility C	
5.	ID numbers:		
	132771	1210261	
	a. DEP Account number / FMF Facility #	b. Facility AQ id	entifier – SSEIS ID number
6.	a. DEP Account number / FMF Facility # Location (check box to enter either UTM OR Lat/L		entifier – SSEIS ID number
6.		.ong) :	entifier – SSEIS ID number b. Latitude/Longitude
6.	Location (check box to enter either UTM OR Lat/L	.ong) :	



a. UTM coordinates	☑ b. Latitud	e/Longitude
c. UTMHorizontal - meters d. UTM Vertical - meters e. UTM Zone	42.726285 f. Latitude 42.9° - 41.2°	71.121614 g. Longitude – West 73.5° - 69.8° Enter positive values only.



Massachusetts Department of Environmental ProtectionBureau of Waste Prevention – Air Quality

BWP AQ AP-SR

Source Registration

2015	
Year of Record	
1210261	
Facility AQ identifier	

٠.	North American In	dustry Classification Sys	tem (NAICS) 6 digits:	
	562213			
	a. (Primary)	b.	C.	d.
8.	Facility description needed):	n (what is being produce	d and how it is being	produced at this facility – update
	RECOVERED IN			L WASTE COMBUSTOR. HEAT DUCE ELECTRICTY IN A STEAI
9.	Facility's normal h	12:00 AM	c. Cont	nuous - 24 x 7 x 52
	a. Start timed. Which days is t	b. End Time he facility open?	S M M T M	W ZT ZF ZS
10.	Number of employ	yees: 49	?	
	Number of employ Facility Owner:	yees: 49	mailing address (will copy	address into fields below)
	Facility Owner: Please contact yo	same address as facility ur DEP Regional Office i	f the ownership of this	
	Facility Owner: Please contact yo	same address as facility our DEP Regional Office in the second of the se	f the ownership of this	
	Facility Owner: Please contact yo WHEELABRATO a. Owner or Corporation 285 HOLT ROAD	same address as facility our DEP Regional Office in the second of the se	f the ownership of this	
	Facility Owner: Please contact yo WHEELABRATO a. Owner or Corporation 285 HOLT ROAD	same address as facility our DEP Regional Office in the second of the se	f the ownership of this	

i. Extension



9786889011

I. Owner TIN (Taxpayer Identification Number - 9 digits)



9787948058

j. Owner Fax Number

Owner?



Massachusetts Department of Environmental Protection Bureau of Waste Prevention – Air Quality

2015 Year of Record 1210261 Facility AQ identifier

Α.	Facility Information (cont.)				
	,	ooo oo fooilitu addr			
12.		ess as facility addr ess as facility maili			
	SCOTT		EMERSON		
	a. Facility Contact First Name	Contact Las	t Name		
	285 HOLT ROAD				
	b. Mailing Address Line 1				
	c. Mailing Address Line 2		_		
	NORTH ANDOVER	MA	018450000		
	d. City/Town	e. State	f. Zip Code		
	USA		ON@WTIENERGY.COM		
	g. Country	h. E-mail Ad			
	9786889011 i. Phone Number i. Extens		7948058 x Number		
_	,				
3.		same as facility cor same address as fa	ntact name and address		
	RICHARD	FALK	acility address		
	a. Air emissions contact First Name Air emissions contact Last Name				
	100 ARBORETUM DRIVE, SUITE 310				
_	b. Mailing Address Line 1				
	c. Mailing Address Line 2				
	PORTSMOUTH	NH	038010000		
(d. City/Town	e. State	f. Zip Code		
	USA		WTIENERGY.COM		
	g. Country	h. E-mail Ad			
	6039293153		9293120		
	i. Phone Number j. Extens	ion K. Fai	x Number		
	Preparer				
	•	moittal.			
•	Identification information for preparer of this sub	omittai.	same as facility air emissions contact name and address		
			same as facility contact name and address same address as facility address		
	JOHN	FOLEY			
	a. Preparer First Name	Preparer La	st Name		
	26 FLORENTINE GARDENS				
	b. Mailing Address Line 1				
	c. Mailing Address Line 2				
	SPRINGFIELD	MA	011082508		
	d. City/Town	e. State	f. Zip Code		
	USA		FOLEY@COMCAST.NET		
	g. Country	h. E-mail Ad			
	4137338872		7338872		
	i. Phone Number i. Extens	ion k Fa	x Number		



Bureau of Waste Prevention - Air Quality

BWP AQ AP-SR

Source Registration

2015

Year of Record

1210261

Facility AQ identifier

C. Notes and Attachments

1. **Notes**: please include in the space below any additional information that will help DEP understand your submission.

2. Attachments:

Check here to submit attachments to this form (e.g., calculations). For eDEP on-line filers, this will create a new step on your Current Submittals Page where you will attach electronic files to your submittal. For attachments that **cannot** be sent electronically, please list all such attachments I notes above and deliver them to DEP with a paper copy of this form.

D. Certification



Who is a Responsible Official?

"I hereby certify that I have personally examined the foregoing and am familiar with the information contained in this document and all attachments and, that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment."

A responsible official for the facility must provide the electronic signature. The signature and date are inserted below by eDEP when the package is submitted.

Signed under the pains and penalties of perjury:

Scott Emerson

Signature of Responsible Official

4/13/2016

Date

eDEP enters these fields automatically on submission.

Responsible official – complete all fields below:

SCOTT

a. Print First Name

EMERSON

b. Print Last Name

PLANT MANAGER

c. Title

9786889011

d. Phone Number

SEMERSON@WTIENERGY.COM

e. E-mail Address



Bureau of Waste Prevention - Air Quality

VP AQ AP-STACK

Physical Vertical Stacks

A. Stack Description

2015
Year of record
3
DEP Stack #
1210261
Facility AQ identifier

How to report combined units/stacks: see 3b below

Internal Diameter in feet

High end - feet per second (0.1 - 500)

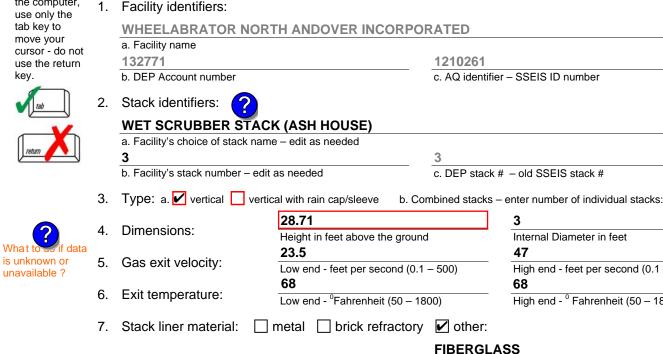
High end - ⁰ Fahrenheit (50 – 1800)

Complete one AP-STACK form for EACH physical stack at the facility

important.
When filling
out forms on
the computer,
use only the
tab key to
move your
cursor - do no
use the return



How to delete a stack?



Decommission date – if applicable: (mm/dd/yyyy) Complete only if the stack was permanently removed

Describe Other

B. Emission Units Associated with Stack – eDEP Only

FII#FIL3-WET SCRIBBER (ASH HOUSE)

Below is a list of the emission units associated with this stack. This list is for information only – no data entry is required; make any changes on the forms for each emission unit (i.e., AP1, AP2, or AP3). Note: this list does not reflect changes you have made on-line, but not yet submitted.

Important:
To assign an
emission unit
to this stack,
enter the
Stack Id No.
on the form
for the
emission uni
(i.e., AP1,
AP2, or AP3).

LOWED O WET CONCODDEN (ACTITIOCOL)			

Bureau of Waste Prevention - Air Quality

Year of record WP AQ AP-STACK DEP Stack # 1210261 Emission Unit - Fuel Utilization Equipment Facility AQ identifier

C. Notes and Attachments

1. Notes: please include any additional information that will help DEP understand your submission.

2. Attachments:

Check here to submit attachments to this form (e.g., calculations). For eDEP on-line filers, this will create a new step on your Current Submittals Page where you will attach electronic files to your submittal. For attachments that cannot be sent electronically, please list all such attachments below and deliver them to DEP with a paper copy of this form.

2015

Bureau of Waste Prevention - Air Quality

BWP AQ AP-STACK

Physical Vertical Stacks

2015	
Year of record	
2	
DEP Stack #	
1210261	
Facility AQ identifier	

	Complete one AP-STACK form for EACH physical stack at the facility							
Important: When filling out forms on	A.	A. Stack Description How to report combined units/stacks: see 3b below						
the computer, use only the	1.	Facility identifiers:						
tab key to		WHEELABRATOR NO	WHEELABRATOR NORTH ANDOVER INCORPORATED					
move your cursor - do not		a. Facility name						
use the return		132771			1210261			
key.		b. DEP Account number			c. AQ identif	fier – SSEIS ID number		
tab	2.	Stack identifiers: ?						
		DIESEL FIRE PUMP STACK						
return		a. Facility's choice of stack name – edit as needed			2			
		b. Facility's stack number – e	dit as needed			k # - old SSEIS stack #		
	3.	. – . – . –			Combined stacks – enter number of individual stacks:			
			10			0.5		
?	4.	Dimensions: Height in feet above the ground		nd	Internal Diameter in feet			
What to so if data is unknown or	5.	Gas exit velocity:	50			50		
unavailable ?		Gas exit velocity: Low end - feet per second (0 300			.1 – 500) High end - feet per second (0.1 – 500) 300			
	6.	Exit temperature:	Low end - ⁰ Fahrer	nheit (50 – 1	800)	High end - ⁰ Fahrenheit (50 – 1800)		
	7.	7. Stack liner material: ✓ metal □ brick refractory □ other:						
How to delete a stack?					Describe Other			
	8.	Decommission date – if applicable: (mm/dd/yyyy) Complete only if the stack was permanently removed						
	В.	Emission Units	Associated	with S	tack – e	DEP Only		
	Below is a list of the emission units associated with this stack. This list is for information only – no data entry is required; make any changes on the forms for each emission unit (i.e., AP1, AP2, or AP3). Note: this list does not reflect changes you have made on-line, but not yet submitted.							
Important:		EU#3-DIESEL FIRE PUMP						
To assign an emission unit to this stack,								
antartha								

Stack Id No. on the form for the emission unit (i.e., AP1, AP2, or AP3).

Bureau of Waste Prevention - Air Quality

WP AQ AP-STACK DEP Stack # 1210261 Emission Unit - Fuel Utilization Equipment Facility AQ identifier

2015

Year of record

C. Notes and Attachments

1. Notes: please include any additional information that will help DEP understand your submission.

2. Attachments:

Check here to submit attachments to this form (e.g., calculations). For eDEP on-line filers, this will create a new step on your Current Submittals Page where you will attach electronic files to your submittal. For attachments that cannot be sent electronically, please list all such attachments below and deliver them to DEP with a paper copy of this form.

Bureau of Waste Prevention – Air Quality

BWP AQ AP-STACK

Physical Vertical Stacks

2015
Year of record
1
DEP Stack #
1210261
Facility AQ identifier

How to report combined units/stacks: see 3b below

High end - ⁰ Fahrenheit (50 – 1800)

Complete one AP-STACK form for EACH physical stack at the facility

important:
When filling
out forms on
the computer,
use only the
tab key to
move your
cursor - do not
use the return







4.	Dimensions	230
	Dimensions:	Height in feet above the ground
5. G	Con avit valonitu	75
	Gas exit velocity:	Low end - feet per second (0.1 - 5
6.	Cuit to your a voture.	270
	Exit temperature:	Low end - ⁰ Fahrenheit (50 – 1800)

Stack liner material:

?
How to delete
a stack 2

Α.	Stack	Descr	iption

1. Facility identifiers:

2. Stack identifiers:

WHEELABRATOR NORTH ANDOVER INCORPORATED

a. Facility name 132771 1210261

b. DEP Account number c. AQ identifier – SSEIS ID number

DUAL FLUE STACK: 2 MUNICIPAL WASTE COMBUSTORS

a. Facility's choice of stack name – edit as needed

1
b. Facility's stack number – edit as needed
c. DEP stack # – old SSEIS stack #

Type: a. ✓ vertical vertical with rain cap/sleeve b. Combined stacks – enter number of individual stacks:

 230
 7

 Height in feet above the ground
 Internal Diameter in feet

 75
 90

 Low end - feet per second (0.1 – 500)
 High end - feet per second (0.1 – 500)

 270
 340

✓ metal □ brick refractory □ other:

Describe Other

Decommission date – if applicable: (mm/dd/yyyy) Complete only if the stack was permanently removed

B. Emission Units Associated with Stack - eDEP Only

Below is a list of the emission units associated with this stack. This list is for information only – no data entry is required; make any changes on the forms for each emission unit (i.e., AP1, AP2, or AP3). Note: this list does not reflect changes you have made on-line, but not yet submitted.

important:
To assign an
emission unit
to this stack,
enter the
Stack Id No.
on the form
for the
emission unit
(i.e., AP1,

AP2, or AP3).

EU#2-MUNICIPAL WASTE COMBUSTOR/BOILER #2	
EU#1-MUNICIPAL WASTE COMBUSTOR/BOILER #1	



Bureau of Waste Prevention - Air Quality

Year of record WP AQ AP-STACK DEP Stack # 1210261 Emission Unit - Fuel Utilization Equipment Facility AQ identifier

C. Notes and Attachments

1. Notes: please include any additional information that will help DEP understand your submission.

2. Attachments:

Check here to submit attachments to this form (e.g., calculations). For eDEP on-line filers, this will create a new step on your Current Submittals Page where you will attach electronic files to your submittal. For attachments that cannot be sent electronically, please list all such attachments below and deliver them to DEP with a paper copy of this form.

2015



Massachusetts Department of Environmental ProtectionBureau of Waste Prevention – Air Quality

Emission Unit - Fuel Utilization Equipment

2015 Year of record DEP EU# (old Point #) 1210261

Facility AQ identifier

Impo Whe out the use tab mov curs use





Α.	Eaui	pment	Descri	ption
<i>_</i> .	- 941	PIIICII	DC3011	Puon

When filling	Α.	Equipment Description			
out forms on the computer,	1.	Facility identifiers:			
use only the tab key to		WHEELABRATOR NORTH ANDOVER INCORPORATED			
move your cursor - do not		a. Facility name	1210261		
use the return key.			1210261 c. Facility AQ identifier – SSEIS ID number		
tab	2.	Emission unit identifiers: ?			
		DIESEL FIRE PUMP			
return		a. Facility's choice of emission unit name – edit as needed 3	3		
			c. DEP emissions unit # – old point #		
		d. ORIS ID # – for large electrical utilities only	e. Combined Units – enter number of individual units		
	3.	DEP approvals – leave blank if not applicable:			
		a. Most recent approval number	b. DEP approval date (mm/dd/yyyy)		
	4.	Is this unit exempt under 310 CMR 7.02 Plan Approv	als? ☑ yes ☐ no		
	5.	If exempt from Plan Approval, indicate reason why (e	e.g., cite a specific DEP regulation):		
		EXEMPTIONS IN 310 CMR 7.02(2)(B) NOT IN PARAGRAPH 15	OR 7.26		
How to delete	_	Reason for exemption			
a unit? (click ?-icon)	6.	Emission unit installation date and decommission date:			
(Click : -ICOH)		a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable		
?	7.	Emission unit replacement:	Complete only if the unit was shutdown permanently or replaced since the last report.		
		a. Is this unit replacing another emission unit?			
		✓ no	ber and name for the unit being replaced below:		
		b. DEP's emission unit number and facility unit name			
	8.	Additional state reporting requirements:			
		a. Are there other routine air quality reporting require	ments for this emissions unit?		
		yes - specify reporting frequency below	✓ no – skip to question 8c		
		b. Reporting frequency - check all that apply:			
		☐ 1. Monthly ☐ 2. Quarterly ☐ 3. Semi-annual	☐ 4. Annual ☐ 5. RES		
		(include Operating Permit and Plan Approval reports, but not exceed	edance reporting)		
		c. Is this unit subject to (check all that apply):			
		☐ NESHAP ☐ NSPS			



Bureau of Waste Prevention - Air Quality

BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

2015 Year of record 3 DEP EU# (old Point #) 1210261 Facility AQ identifier

A. Equipment Description (cont.)

?	9.	Equipment:	EPA Unit T	ype Code (eDEP o	only): RECIPROCATI	NG IC ENGINE
ow to report		a. Type: boiler	furnace	✓ engine □ oth	ner:	
nits ?		If engine, is this an			Describe "other" equip	oment type
	3	,	emergency g	enerator? [yes	<u> </u>	
		b. Manufacturer			NT8-55-F3	
		0.8660			c. Model number	
hat to do		d. Max input rating MMB	tu/hr (must be gr	eater than 0)	e. Number of burners (er	nter "0" if not applicable)
data iknown or		f. Type of burner – o	check one:	☐ rotary	mech. atomizer	steam atomizer
t available?				air atomizer	traveling grate	☐ hand fired
				✓ other:	NOT APPLICABLE	- ENGINE
					"other" burner type	
		g. Burner manufacturer			h. Burner model number	
		i. Burner installation date	(mm/dd/\\\\\\			
		i. Duffler iristaliation date	(IIIII/dd/yyyy)			
•		b. Number of hours per of e. Percent of total at 25.0 25.0	•	c. Number of days pe on that occurs in ea 25.0	26er week d. ach calendar quarter: Sum of Q1+Q2+Q3+Q4+	Number of weeks per year
		Q1 Q2	$\frac{23.0}{Q3}$	Q4	or 0% if the unit was not	
	11	Ozone season oper			September 30:	
	• • •	1	ation conoadi	1	10	
		a. Ozone season hours p	per day	b. Ozone season day		Veeks operated in ozone season
	12.	Emission release po	oint – select o	ne: 🕢 🛚 Eng	gines click here for instructi	ions:
		Non-Stack Releas			Physical Stacks:	•
					_ •	
		fugitive engine exh. vertical stack/v	horizontal value of the description of the descript	acing vent	☑ vertical stack ☑ vertical with rain ca	p/sleeve
		If Non-Stack release p	alas alda sa accas			
	13.	Link this unit to a ph	ysical stack (i		from the list below:	
	13.		ysical stack (i JMP STACK	if applicable) – pick		



Bureau of Waste Prevention - Air Quality

BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

A. Equipment Description (cont.)

Year of record

DEP EU# (old Point #)

1210261

Facility AQ identifier

2	14. Is there a pollution control device	Check here if you need to report more than 3 air pollution control devices on		
How to delete a control ?	yes – answer a through i	✓ no – skip to question 15	this unit. eDEP will add another page of control devices after this form.	
	Air pollution control device 1	Air pollution control device 2	Air pollution control device 3	
(
	а. Туре	Туре	Туре	
Do not leave blank –	b. Manufacturer	Manufacturer	Manufacturer	
if unknown write 'unknown' or	c. Model number	Model number	Model number	
estimate	d. Facility's ID for this device	Facility's ID for this device	Facility's ID for this device	
	e. Installation date (mm/dd/yyyy)	Installation date (mm/dd/yyyy)	Installation date (mm/dd/yyyy)	
Leave f, g, h blank if not applicable.	f. DEP approval # (most recent)	DEP approval # (most recent)	DEP approval # (most recent)	
	g. DEP approval date (mm/dd/yyyy)	DEP approval date (mm/dd/yyyy)	DEP approval date (mm/dd/yyyy)	
	h. Decommission date (mm/dd/yyyy)	Decommission date (mm/dd/yyyy)	Decommission date (mm/dd/yyyy)	
	i. Percent overall efficiency - er	nter for all pollutants that the devic	e was designed to control:	

% Overall eff. % Overall eff. % Overall eff. PM 2.5 % Overall eff. % Overall eff. % Overall eff. SO₂ % Overall eff. % Overall eff. % Overall eff. CO % Overall eff. % Overall eff. % Overall eff. VOC % Overall eff. % Overall eff. % Overall eff. NO₂ % Overall eff. % Overall eff. % Overall eff. NH3 % Overall eff. % Overall eff. % Overall eff. HOC % Overall eff. % Overall eff. % Overall eff. HYC % Overall eff. % Overall eff. % Overall eff. Hg % Overall eff. % Overall eff. % Overall eff. Pb % Overall eff. % Overall eff. % Overall eff. Other % Overall eff. % Overall eff. % Overall eff. Specify "Other" Specify "Other" Specify "Other"



15. Is there monitoring equipment on this unit or its related control devices?

Bureau of Waste Prevention – Air Quality

Em

A.

ead of Waste Frevention - All Quality	2
MD AO AD A	5
WP AQ AP-1	DEP EU# (old Point #)
•	1210261
nission Unit – Fuel Utilization Equipment	Facility AQ identifier
Equipment Description (cont.)	

2015

Year of record

a monitor?	∐ yes – answer a	a through I <u></u> lo − skip to	Section B	
		Monitor 1	Monitor 2	Monitor 3
	a. Monitor type:	check only one: CEM Opacity other - describe:	check only one: CEM Opacity other - describe:	check only one: CEM Opacity other - describe:
Do not leave blank – if unknown write 'unknown' or estimate	b. Manufacturer:	Describe "other"	Describe "other"	Describe "other"
	c. Model number:			
	d. Monitor ID #: e. Installation date:	Facility's Designation	Facility's Designation	Facility's Designation
	f. DEP approval #:	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
Leave f, g , h blank ≺ if not applicable.	g. DEP approval date: h. Decommission date:	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
	i. Recorder ?	(mm/dd/yyyy) yes no	(mm/dd/yyyy) ☐ yes ☐ no	(mm/dd/yyyy) ☐ yes ☐ no
	j. Audible alarm ?	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no
·	k. Data system ?	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no
	I. Monitored pollutants (check all that apply):	PM 10 PM 2.5 SO2 CO VOC NO2 NH3 Mercury Oxygen CO2 H2S HCL Opacity other – describe:	PM 10 PM 2.5 SO2 CO VOC NO2 NH3 Mercury Oxygen CO2 H2S HCL Opacity other – describe:	☐ PM 10 ☐ PM 2.5 ☐ SO2 ☐ CO ☐ VOC ☐ NO2 ☐ NH3 ☐ Mercury ☐ Oxygen ☐ CO2 ☐ H2S ☐ HCL ☐ Opacity ☐ other – describe:
		Describe "other"	Describe "other"	Describe "other"



Bureau of Waste Prevention - Air Quality

Emission Unit - Fuel Utilization Equipment

3
DEP EU# (old Point #)
1210261

Year of record

2015

Facility AQ identifier

В.	Fuels	and	Emiss	ions

	1.	Fuel Name / Characteristics	DIESEL
		Fuel Name / Characteristics:	Fuel name
		Number of fuels for this unit (previous records): 1	1
			DEP Fuel #
How does eDEF nandle multiple uels?		Add a NEW fuel: Check the box if you need to add a fuel that you did not report on previously (eDEP will add a blank Sect. B form to your package).	Delete this fuel: check box if you stopped using this fuel in this unit permanently. You must still report for this year of record even if amount is "0" – the fuel will be removed from the unit in the next report cycle.
		? When to NOT check this box ?	be removed from the unit in the next report cycle.
		a. Source Classification Code (SCC)	20100102

	(see instructions):	,	II DEP if SC cod	de will not validate) ON-DIESEL
		SCC Code De	escription – fille	d by eDEP
b.	Type of fuel – check one:	☐ no.2	☐ no.4	☐ no.6
		✓ diesel	☐ coal	natural gas
	Note: The option to have eDEP calculate your emissions is not available if your fuel type is "other".	☐ jet fuel	other -	describe:
		☐ jet fuel	other -	describe:

fuel other - describe: Describe "other" fuel .0015 c. Sulfur content for oils and coal (0 - 2.2): Percent by weight d. Ash content for oils and coal (0 -10): Percent by weight

Note for e: Enter the Maximum Fuel Rate at which the unit can burn fuel (its absolute uncontrolled design capacity). Do not enter the normal operation rate nor any restricted

(allowable)

rate.

e. Maximum hourly fuel rate for all firing burners:

0.0060 1000 GALLONS Amount Units per hour Enter "0" if unit decommissioned prior to this Year of Record.

f. Do you have fuel or usage restrictions?

✓ yes no - skip to question 2 **40CFR63 SUBPART ZZZZ**

g. DEP approval number for restrictions: Most recent for this fuel

h. Annual use restriction (amount or hours): For this fuel

i. Short term use restriction (amount or hours): For this fuel

100.0000 **HOUR** Quantity Units Quantity Units Per: month week day hour

Annual usage:

Enter "0" if not used in the year of record

CAUTION: check your amount vs.units

0.1299 1000 GALLONS a. Amount – year of record b. Units .1546 1000 GALLONS

c. Total annual usage for prior year of record – eDEP only



Bureau of Waste Prevention - Air Quality

BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

B. Fuels and Emissions (cont.)

3. Total emissions for this fuel **only** in tons per year:

Year of record
3
DEP EU# (old Point #)
1210261
Facility AQ identifier



Pollutant:	□ PM10	☐ PM2.5	☐ SO2	□ NO2
Actual for previous year	0.0011	0.0011	0.0031	0.0467
eDEP only:	Tons	Tons	Tons	Tons
	0.0009	0.0009	0.0026	0.0392
Actual for year of record:	Tons	Tons	Tons	Tons
Potential emissions at max	0.3679	0.3679	1.0433	15.8731
Potential emissions at max capacity uncontrolled:	Tons	Tons	Tons	Tons
Emission factor:	14	14	39.70	604
in pounds per unit:	1000 GALLONS	1000 GALLONS	1000 GALLONS	1000 GALLONS
Maximum allowed emissions – annual:	Tons	Tons	Tons	Tons
	10115	10115	10115	10115
Maximum allowed emissions – short term:	Pounds	Pounds	Pounds	Pounds
Short term period (or MMBtu):				
Basis – DEP approval number or regulation:				

Calculations: The form will automatically calculate the actual and potential emissions UNLESS you check a box to manually

enter emissions for each specific pollutant. Click the "?" icon for information to help you decide how to use this feature:

					other:
	Pollutant:	□ со	□ voc	□ NH3	specify
	Actual for previous year	0.01	0.0038	0.0002	
	eDEP only	Tons	Tons	Tons	Tons
	Actual for year of record:	0.0084	0.0032	0.0002	
		Tons	Tons	Tons	Tons
	Potential emissions at max capacity uncontrolled:	3.4164	1.2956	0.0762	
		Tons	Tons	Tons	Tons
	Emission factor:	130	49.30	2.90	
	in pounds per unit:	1000 GALLONS	1000 GALLONS	1000 GALLONS	
	Maximum allowed emissions –				
≥	annual:	Tons	Tons	Tons	Tons
For this fuel only	Maximum allowed emissions – short term:	Pounds	Pounds	Pounds	Pounds
rthis	Short term period (or MMBtu):				
오	Basis – DEP approval number or regulation:				



Bureau of Waste Prevention - Air Quality

BWP AQ AP-1

Emission Unit - Fuel Utilization Equipment

R	Fuels and	Emissions	(cont
В.	rueis aiiu		(COLIL.)

2015
Year of record
3
DEP EU# (old Point #)
1210261
Facility AQ identifier

,	0.2656	3.2536
	a. Typical day VOC emissions – pounds per day	b. Typical day NOx emissions –pounds per day
	check to enter your own values	check to enter your own values

C. Notes and Attachments

1. **Notes**: please include in the space below any additional information that will help DEP understand your submission.

2. Attachments:

Check here to submit attachments to this form (e.g., calculations) – add a note in the field above
indicating what is attached. For eDEP on-line filers, this will create a new step on your Current
Submittal Page where you can attach electronic files to your submittal. Please list attachments
that cannot be sent electronically in the notes field above and deliver them to DEP with a paper
copy of this form.

Bureau of Waste Prevention - Air Quality

BWP AQ AP-2

Facility identifiers:

b. DEP Account number

132771

Emission Unit - Process Description

Year of record
7
DEP EU# (old Point #)
1210261

Facility AQ identifier

Important:
When filling
out forms on
the computer,
use only the
tab key to
move your
cursor - do not
use the return
key.

1

A. Emission Unit – Process Description

٠.	r domey reconstructor.
	WHEELABRATOR NORTH ANDOVER INCORPORATED
	a. Facility name





2.	Emission unit identifiers:	

PEBBLE LIME STORAGE SILO WITH FABRIC FILTER VENT

a. I achity s choice of enhission unit hame – edit as needed	
7	7
b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # (old SSEIS Point #)

b. Facility's emission unit number / code – edit as needed 2

d. Combined Units – enter number of individual units



b. DEP approvals – leave blank if not applicable:

MBR-98-ECP-005 6/9

a. Most recent approval number

6/9/1999

1210261

b. DEP approval date (mm/dd/yyyy)

c. Facility AQ identifier - SSEIS ID number

- 4. Is this unit exempt under 310 CMR 7.02 Plan Approvals? ✓ yes □ no
- 5. If exempt from Plan Approval, indicate reason why (e.g., cite a specific DEP regulation):

310 CMR 7.03 U PLAN APPROVAL EXEMPTION: CONSTRUCTION REQUIREMENTS

Reason for exemption



6. Equipment manufacturer and model number and type:

WAPC

a. Manufacturer

b. Model number

NA

DRY MATERIAL STORAGE SILO

7. d.

c. Equipment Type

d. EPA Unit Type Code : SILO



7. Emission unit installation and decommission dates:

7/1/2000

a. Installation date - estimate if unknown (mm/dd/yyyy)

b. Decommission date (mm/dd/yyyy) - if applicable

Complete only if the unit was shut down permanently or replaced since the last report.

Bureau of Waste Prevention – Air Quality

BWP AQ AP-2

Emission Unit – Process Description

2015
Year of record
7
DEP EU# (old Point #)
1210261
Facility AQ identifier

A. Emission Unit – Process Description (cont.)

		unit replacen	nent:			
	a. Is this u	nit replacing	another em	nission unit?		
	☑ no	☐ yes – e	enter DEP's	emissions uni	t number for the un	nit being replaced below:
	DEP's emiss	ion unit number	and facility un	it name		
9.	Additional	state reporti	ng requirem	nents:		
		e other routi	•		quirements for this no – skip t	
	b. Reportii	ng frequency	/ – check all	I that apply:		
	☐ Monthly	y 🔲 Quart	erly 🗌 Se	emi-annual [☐ Annual ☐ RES	3
	(include Ope	erating Permit a	and Plan Appro	val reports, but n	ot exceedance reporting	1)
	c. Is this u	ınit subject t	o (check all	that apply):		
	☐ NESHA	AP 🗌 NSP	s 🗌 N	1ACT		
10	Hours of o	neration for	the emission	n unit· a [check if continue	ously operated – 24 x 7 x 52
10.	1	peration for	tric critission	4		52
	b. Number of	hours per day		c. Number of da	iys per week	d. Number of weeks per year
	e. Percent	of total annu	ual operation	n that occurs i	n each calendar qu	uarter:
	24.2	24.6	25.6	25.6		Q3+Q4 must = 100%
	24.2 Q1	24.6 Q2	25.6 Q3	25.6 Q4		Q3+Q4 must = 100% was not operated for any quarter)
11.	Q1	Q2	Q3	_	(or 0% if the unit	
11.	Q1 Ozone sea	Q2 ason schedu	Q3 le – May 1 t	Q4 hrough Septe	(or 0% if the unit)	was not operated for any quarter)
11.	Q1 Ozone sea	Q2	Q3 le – May 1 t	Q4	(or 0% if the unit)	was not operated for any quarter)
11.	Q1 Ozone sea	Q2 ason schedu	Q3 le – May 1 t	Q4 hrough Septe	(or 0% if the unit)	was not operated for any quarter)
	Q1 Ozone sea 1 a. Ozone sea	Q2 ason schedu	Q3 le – May 1 t	Q4 hrough Septe 4 b. Ozone seasor	(or 0% if the unit)	was not operated for any quarter)
	Q1 Ozone sea 1 a. Ozone sea	Q2 ason schedu ason hours per	Q3 le – May 1 t day t – select on	Q4 chrough Septe 4 b. Ozone season	(or 0% if the unit)	was not operated for any quarter) 22 c. Weeks operated in ozone season
	Q1 Ozone sea 1 a. Ozone sea Emission r Non-State fugitiv goose	Q2 ason schedu ason hours per release point ck Release F	Q3 le – May 1 t day t – select on Points: orizontal verownward face	Q4 through Septe b. Ozone season e: ?	mber 30: n days per week Physical Stacks	was not operated for any quarter) 22 c. Weeks operated in ozone season
	Q1 Ozone sea 1 a. Ozone sea Emission r Non-Stac I goose I vertice	Q2 ason schedu ason hours per release point ck Release F re	Q3 le – May 1 t day t – select on Points: orizontal verownward fact less than 1	Q4 chrough Septe 4 b. Ozone season e: ? ont cing vent Oft	mber 30: n days per week Physical Stacks	was not operated for any quarter) 22 c. Weeks operated in ozone season

Facility's stack identifier from STACK form – to change stack name use the STACK form

If the stack for this unit is not listed, save and exit this form now and complete a new Stack form before completing this form.

Bureau of Waste Prevention – Air Quality

BWP AQ AP-2

Emission Unit – Process Description

2015
Year of record
7
DEP EU# (old Point #)
1210261
Facility AO identifier

?	yes – answer a t	hrough I	o to Question 15	devices ?
How to delete monitor	a	Monitor 1	Monitor 2	Monitor 3
(a. Monitor type:	check only one:	check only one:	check only one:
Do not leave blank – if unknown write		☐ CEMs ☐ opacity ☐ fuel flow meter ☐ time recorder ☐ temperature recorder ☐ pressure ☐ other – describe:	☐ CEMs ☐ opacity ☐ fuel flow meter ☐ time recorder ☐ temperature recorder ☐ pressure ☐ other – describe:	☐ CEMs ☐ opacity ☐ fuel flow meter ☐ time recorder ☐ temperature recorder ☐ pressure ☐ other – describe:
'unknown' or estimate		Describe "other"	Describe "other"	Describe "other"
	b. Manufacturer:			
	c. Model #:			
	d. Monitor ID #:			
	a Installation data	Facility's Designation	Facility's Designation	Facility's Designation
(e. Installation date:	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
	f. DEP approval #:			
Leave f, g, h	g. DEP approval date:			
applicable.	h. Decommission date:	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
		(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
	i. Recorder ?	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no
	j. Audible alarm ?	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no
?	k. Data system ?	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no
	I. Monitored pollutants - check all that apply:	PM 10 PM 2.5 SO2 CO VOC NO2 NH3 Mercury Oxygen CO2 H2S HCL Opacity other – describe:	PM 10 PM 2.5 S02 C0 VOC N02 NH3 Mercury Oxygen C02 H2S HCL Opacity other – describe:	☐ PM 10 ☐ PM 2.5 ☐ SO2 ☐ CO ☐ VOC ☐ NO2 ☐ NH3 ☐ Mercury ☐ Oxygen ☐ CO2 ☐ H2S ☐ HCL ☐ Opacity ☐ other – describe:
		Describe offici	Describe oniel	Describe offici

Bureau of Waste Prevention – Air Quality

BWP AQ AP-2

Emission Unit – Process Description

2015
Year of record
7
DEP EU# (old Point #)
1210261
Facility AQ identifier

? 1!	5. Are there air pollution control de	evices on this emissions unit?	Check here if you need to report more than 3 air pollution control devices on
How to delete a control	✓ yes – answer a through i	no – skip to Section B	this unit. eDEP will add another page of control devices after this form.
	Air pollution control device 1	Air pollution control device 2	Air pollution control device 3
	FABRIC FILTER		
	a. Type WAPC	Туре	Туре
Do not leave blank – if unknown	b. Manufacturer NA	Manufacturer	Manufacturer
write 'unknown' or estimate	c. Model number LIMESILOFF	Model number	Model number
estimate	d. Facility's ID for this device 7/1/2000	Facility's ID for this device	Facility's ID for this device
?	e. Installation date (mm/dd/yyyy) MBR-98-ECP-005	Installation date (mm/dd/yyyy)	Installation date (mm/dd/yyyy)
Leave f, g, h	f. DEP approval # (most recent) 6/9/1999	DEP approval # (most recent)	DEP approval # (most recent)
blank if not applicable.	g. DEP approval date (mm/dd/yyyy)	DEP approval date (mm/dd/yyyy)	DEP approval date (mm/dd/yyyy)
	h. Decommission date (mm/dd/yyyy)	Decommission date (mm/dd/yyyy)	Decommission date (mm/dd/yyyy)
?	·	nter for all pollutants that the device	e was designed to control:
PM 10	99.9		
PM 2.5	% Overall eff.	% Overall eff.	% Overall eff.
SO2	% Overall eff.	% Overall eff.	% Overall eff.
СО	% Overall eff.	% Overall eff.	% Overall eff.
	% Overall eff.	% Overall eff.	% Overall eff.
VOC	% Overall eff.	% Overall eff.	% Overall eff.
NO2	% Overall eff.	% Overall eff.	% Overall eff.
NH3	% Overall eff.	% Overall eff.	% Overall eff.
HOC	% Overall eff.	% Overall eff.	% Overall eff.
HYC	% Overall eff.	% Overall eff.	% Overall eff.
Hg	% Overall eff.	% Overall eff.	% Overall eff.
Pb	% Overall eff.	% Overall eff.	% Overall eff.
Other	99.9	/o Overall etc.	70 Overall ell.
3.101	% Overall eff. TOTAL SUSPENDED PARTICULATES	% Overall eff.	% Overall eff.
	Specify "Other"	Specify "Other"	Specify "Other"

Massachusetts Department of Environmental ProtectionBureau of Waste Prevention – Air Quality

BWP AQ AP-2

09/19/05

Emission Unit – Process Description

2015
Year of record
7
DEP EU# (old Point #)
1210261
Facility AO identifier

BWP AQ AP-2 Emission Unit - Process Description • Page 5

	В.	Emissions for Raw Materials/Finis	hed	Pro	ducts	
		Add a NEW material / product: Check the box if you need to add a material or product that you did not report on previously (eDEP will add a blank Sect. B form to your package).	_	stopped unit peri of recor	using this materia manently. You mud even if amount is	duct: check the box if you all or making this product in this ust still report data for this year s "0" – the material / product unit in the next report cycle.
	1.	Operation description:	PEBBI	E LIME		
ow does eDEP		a. Raw material or finished product name: Number of segments for this unit (previous records): 1		innut		1
andle multiple		b. Is material/product an input or output ?		input	☐ output	DEP#
aw materials or nished roducts ?		c. Process description:	PEE	BBLE L	IME STORED	FOR USE IN SDA
		d. Source Classification Code (SCC): (see instructions)		501613 Code (ca	all DEP if SC Code	will not validate)
		(000)			. PRODUCTS	
?		e. Maximum process rate for material/product:	20 Amo		otion – filled by eD	EP upon validation TONS Units per hour
ote: efinition of laximum rocess rate		f. If organic material, give weight % of:	VOC)		НОС
TOCC33 Tate			HYC			
		g. Total actual raw material used or finished product produced for year of record:	Amo	6.4500 ount 0.26	<u> </u>	TONS Units
		Enter "0" if not used in the year of record			eDEP only	Units prior year
	?	h. Do you have raw material or finished product restrictions?		yes	✓ no – skip	to question 1.I
	?	i. DEP approval number for restrictions:	Mos	t recent	approval number f	or this material or product
		j. Short term raw material/finished product	_		···	·
		restriction – if none, leave blank:	Qua		nount or hours)	Units
			Per	: ∐ r	month \square wee	ek ∐ day ∐ hour
		k. Annual material/product restriction– if none, leave blank:	Qua	ntity (am	nount or hours)	Units
			LIME	SILOFF		
		I. Indicate which air pollution control devices from Section A, Question 15 control this	Devi	ce ID#		Device ID #
		material/product by listing the facility- designated control device ID # for each unit	Devi	ice ID#		Device ID #
		that applies:	Devi	ice ID#		Device ID #
	(How to make a new air pollution control device appear in these drop menus?			nere if ALL air pollu oly to this material/	ution control devices on the product

Bureau of Waste Prevention - Air Quality

BWP AQ AP-2

Emission Unit - Process Description

2015 Year of record

DEP EU# (old Point #)
1210261

СО

Tons

Tons

Tons

Other:

Facility AQ identifier

B. Emissions for Raw Materials/Finished Products (cont.)

?2.

Total emissions for this material/product – tons per year:

Important: Leaving blanks for	Pollutant	PM10	PM2.5	SO2	NO2
Actual and Potential emissions means that you are certifying that	Actual for previous year eDEP only:	0.0347 Tons	Tons	Tons	Tons
there were less than 0.0001 (or zero) tons of emissions for each	Actual for year of record:	0.0385 Tons	Tons	Tons	Tons
blank.	Potential emissions at maximum capacity uncontrolled:	.845 Tons	Tons	Tons	Tons
	Emission factor:	0.0097			
	In pounds per unit::	TONS			
ierial or only	Max allowed – annual:	Tons	Tons	Tons	Tons
teria only	Max allowed — short term:	Douada	Doundo	Doundo	Dound

or this material or product only

Max allowed – annual:	Tons	Tons	Tons	Tons	Tons
Max allowed — short term:	Pounds	Pounds	Pounds	Pounds	Pounds
Short term period:			_	_	_
Basis: DEP approval number or regulation:			_	_	_



Pollutant	VOC	нос	*Reserved*	NH3	specify
Actual for previous year eDEP only:	Tons	Tons	Tons	Tons	Tons
Actual for year of record:	Tons	Tons	Tons	Tons	Tons
Potential emissions at maximum capacity uncontrolled:	Tons	Tons	Tons	Tons	Tons
Emission factor:					_
In pounds per unit:		_	_		_
Max allowed – annual:	Tons	Tons	Tons	Tons	Tons
Max allowed – short term:	Pounds	Pounds	Pounds	Pounds	Pounds
Short term period:					_
Basis - DEP approval number or regulation:		_	_		

For this material or product only (leave blank if none)

check to enter your own values

Bureau of Waste Prevention - Air Quality

BWP AQ AP-2

Emission Unit – Process Description

2015
Year of record
7
DEP EU# (old Point #)
1210261
Facility AQ identifier

? 3.	Ozone season emissions – May 1 through September 30:				
	0	0			
	a. Typical ozone day VOC emissions – pounds per day	b. Typical ozone day NOx emissions – pounds per day			
	check to enter your own values	check to enter your own values			
	NOTE : The form has estimated the emissions for you. However, you may enter your own values by checking the boxes above for VOC and NOx.				

C. Notes and Attachments

1. **Notes**: please include in the space below any additional information that will help DEP understand your submission.

THERE ARE TWO IDENTICAL PEBBLE LIME STORAGE SILOS, EACH WITH A CAPACITY OF 75 TONS. ONE SILO SERVES SLAKER "A" WHILE THE SECOND SILO SERVES SLAKER "B". UNDER NORMAL OPERATING CONDITIONS ONLY ONE SYSTEM IS OPERATED AT A TIME.

2.	Attachments

☐ Check here to submit attachments to this form (e.g., calculations). For eDEP on-line filers, this will create a new step on your Current Submittals Page where you will attach electronic files to your submittal. For attachments that cannot be sent electronically, please list all such attachments below and deliver them to DEP with a paper copy of this form.

Bureau of Waste Prevention - Air Quality

WP AQ AP-2

Emission Unit – Process Description

2015 Year of record 14 DEP EU# (old Point #)

Facility AQ identifier

1210261

Important: When filling

A. Emission Unit – Process Description

out forms on the computer, use only the tab key to move your cursor - do not use the return key.

1. Facility identifiers:

WHEELABRATOR	NORTH ANDOVER	INCORPORATED
a Facility name		

b. DEP Account number

132771

1210261 c. Facility AQ identifier - SSEIS ID number





Emission unit identifiers:



WET SCRUBBER (ASH HOUSE) a. Facility's choice of emission unit name - edit as needed

EU-3

b. Facility's emission unit number / code - edit as needed

14

c. DEP emissions unit # (old SSEIS Point #)



d. Combined Units - enter number of individual units

DEP approvals – leave blank if not applicable:

MBR-98-ECP-005

a. Most recent approval number

6/9/1999

b. DEP approval date (mm/dd/yyyy)

4. Is this unit exempt under 310 CMR 7.02 Plan Approvals? yes ✓ no

5. If exempt from Plan Approval, indicate reason why (e.g., cite a specific DEP regulation):

Reason for exemption



6. Equipment manufacturer and model number and type:

NA

NA

a. Manufacturer

b. Model number

ASH STORAGE AND TRANSFER ACTIVITIES



d. EPA Unit Type Code: OTHER BULK MATERIAL EQUIPMENT

Emission unit installation and decommission dates:

How to delete a unit? (click ?-icon)

12/1/2000

a. Installation date – estimate if unknown (mm/dd/yyyy)

b. Decommission date (mm/dd/yyyy) - if applicable

Complete only if the unit was shut down permanently or replaced since the last report.

Bureau of Waste Prevention – Air Quality

BWP AQ AP-2

Emission Unit – Process Description

2015
Year of record
14
DEP EU# (old Point #)
1210261
Facility AO identifier

	8.	Emission ur	nit replaceme	nt:			
		a. Is this un	it replacing a	nother em	ission unit?		
		∠ no	yes – en	ter DEP's	emissions unit	number for the unit	being replaced below:
		DEP's emissio	n unit number a	nd facility uni	it name		
	9.	Additional s	tate reporting	g requirem	ents:		
			other routing	•		uirements for this er no – skip to o	
		☐ Monthly	g frequency - Quarter ating Permit and	ly ☐ Se	emi-annual	Annual RES	
			nit subject to	(check all		3,	
		Hours of on	oration for th			.	
	10.	riours or op	Cialion ioi lii	e emissior	n unit: a	」check if continuous	sly operated – 24 x 7 x 52
	10.	24	eration to th	e emissior	7		sly operated – 24 x / x 52 52
9	10.	•		e emission	n unit: a 7 c. Number of day		•
9	10.	b. Number of h	ours per day		7 c. Number of day		52 d. Number of weeks per year
•	10.	b. Number of h	ours per day		7 c. Number of day	s per week each calendar quar	52 d. Number of weeks per year ter: +Q4 must = 100%
•	10.	b. Number of h	ours per day		7 c. Number of day	s per week each calendar quar	d. Number of weeks per year
•		24 b. Number of h e. Percent c 25.6 Q1	ours per day of total annua 24.3 Q2	I operation 25.4 Q3	7 c. Number of day	s per week n each calendar quar Sum of Q1+Q2+Q3- (or 0% if the unit wa	52 d. Number of weeks per year ter: +Q4 must = 100%
		24 b. Number of h e. Percent c 25.6 Q1	ours per day of total annua 24.3 Q2	I operation 25.4 Q3	7 c. Number of day n that occurs in 24.7 Q4	s per week n each calendar quar Sum of Q1+Q2+Q3- (or 0% if the unit wa	d. Number of weeks per year ter: +Q4 must = 100%
		b. Number of he. Percent of 25.6 Q1 Ozone seas 24	ours per day of total annua 24.3 Q2	I operation 25.4 Q3 — May 1 tl	7 c. Number of day n that occurs in 24.7 Q4	s per week n each calendar quar Sum of Q1+Q2+Q3- (or 0% if the unit wanher 30:	d. Number of weeks per year ter: +Q4 must = 100% s not operated for any quarter)
		b. Number of he. Percent of 25.6 Q1 Ozone seas 24	oours per day of total annua 24.3 Q2 son schedule	I operation 25.4 Q3 — May 1 tl	7 c. Number of day n that occurs in 24.7 Q4 hrough Septem 7	s per week n each calendar quar Sum of Q1+Q2+Q3- (or 0% if the unit wanher 30:	52 d. Number of weeks per year tter: +Q4 must = 100% s not operated for any quarter)
	11.	b. Number of he. Percent of 25.6 Q1 Ozone seas 24 a. Ozone seas	oours per day of total annua 24.3 Q2 son schedule	I operation 25.4 Q3 — May 1 th	c. Number of day on that occurs in 24.7 Q4 hrough Septem 7 b. Ozone season	s per week n each calendar quar Sum of Q1+Q2+Q3- (or 0% if the unit wanher 30:	d. Number of weeks per year ter: +Q4 must = 100% s not operated for any quarter)
	11.	b. Number of he. Percent of 25.6 Q1 Ozone seas 24 a. Ozone seas	of total annua 24.3 Q2 son schedule on hours per da	I operation 25.4 Q3 — May 1 the select one	c. Number of day on that occurs in 24.7 Q4 hrough Septem 7 b. Ozone season	s per week n each calendar quar Sum of Q1+Q2+Q3- (or 0% if the unit wanher 30:	52 d. Number of weeks per year tter: +Q4 must = 100% s not operated for any quarter)
	11.	b. Number of he. Percent of 25.6 Q1 Ozone seas 24 a. Ozone seas Emission re Non-Stack Quitive Quoser	oours per day of total annua 24.3 Q2 son schedule on hours per da lease point – c Release Po	I operation 25.4 Q3 — May 1 the select one ints: izontal verynward face	c. Number of day that occurs in 24.7 Q4 hrough Septem b. Ozone season e: ?	s per week n each calendar quar Sum of Q1+Q2+Q3- (or 0% if the unit want) hber 30: days per week	d. Number of weeks per year tter: +Q4 must = 100% s not operated for any quarter) 22 c. Weeks operated in ozone season
	11.	b. Number of he. Percent of 25.6 Q1 Ozone seas 24 a. Ozone seas Emission re Non-Stack Guite Guide Guid	ours per day of total annua 24.3 Q2 son schedule on hours per da lease point – R Release Po	I operation 25.4 Q3 — May 1 the select one ints: izontal verynward faces than 1	c. Number of day on that occurs in 24.7 Q4 hrough Septem 7 b. Ozone season e: nt cing vent Oft	s per week n each calendar quar Sum of Q1+Q2+Q3- (or 0% if the unit wanth was not a second with the context of	d. Number of weeks per year tter: Q4 must = 100% s not operated for any quarter) 22 c. Weeks operated in ozone season
	11.	b. Number of he. Percent of 25.6 Q1 Ozone seas 24 a. Ozone seas Emission re Non-Stack Gugitive Gugoser Vertical	oours per day of total annua 24.3 Q2 con schedule on hours per da lease point – c Release Po e	I operation 25.4 Q3 — May 1 the select one ints: izontal verynward faces than 1 kip to question	c. Number of day that occurs in 24.7 Q4 hrough Septem b. Ozone season e: cing vent oft on 14.	s per week n each calendar quar Sum of Q1+Q2+Q3- (or 0% if the unit wanth was not a second with the context of	d. Number of weeks per year tter: +Q4 must = 100% s not operated for any quarter) 22 c. Weeks operated in ozone season
	11.	b. Number of he. Percent of 25.6 Q1 Ozone seas 24 a. Ozone seas Emission re Non-Stack gooser vertical If Non-Stack	oours per day of total annua 24.3 Q2 con schedule on hours per da lease point – c Release Po e	I operation 25.4 Q3 — May 1 the select one ints: izontal verynward faces than 1 kip to questien is stack (if	c. Number of day that occurs in 24.7 Q4 hrough Septem 7 b. Ozone season e: cing vent oft on 14. applicable) – p	s per week each calendar quar Sum of Q1+Q2+Q3- (or 0% if the unit want) hber 30: days per week Physical Stacks: vertical stack vertical with rais	d. Number of weeks per year tter: +Q4 must = 100% s not operated for any quarter) 22 c. Weeks operated in ozone season

Bureau of Waste Prevention – Air Quality

BWP AQ AP-2

Emission Unit – Process Description

2015
Year of record
14
DEP EU# (old Point #)
1210261
Facility AO identifier

?	yes – answer a tl		to Question 15	evices ?
How to delete monitor	a	Monitor 1	Monitor 2	Monitor 3
(a. Monitor type:	check only one:	check only one:	check only one:
Do not leave blank – if unknown write		☐ CEMs ☐ opacity ☐ fuel flow meter ☐ time recorder ☐ temperature recorder ☐ pressure ☐ other – describe:	☐ CEMs ☐ opacity ☐ fuel flow meter ☐ time recorder ☐ temperature recorder ☐ pressure ☐ other — describe:	☐ CEMs ☐ opacity ☐ fuel flow meter ☐ time recorder ☐ temperature recorder ☐ pressure ☐ other – describe:
'unknown' or estimate		Describe "other"	Describe "other"	Describe "other"
	b. Manufacturer:			
	c. Model #:			
	d. Monitor ID #:			
	e. Installation date:	Facility's Designation	Facility's Designation	Facility's Designation
(>	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
	f. DEP approval #:			
Leave f, g, h	g. DEP approval date:	(manufal al la manu)	(magazialah), u u u)	(100 100 / 10 10 / 10 10 10 10 10 10 10 10 10 10 10 10 10
applicable.	h. Decommission date:	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
`	i. Recorder ?	(mm/dd/yyyy) ☐ yes ☐ no	(mm/dd/yyyy) ☐ yes ☐ no	(mm/dd/yyyy) ☐ yes ☐ no
	j. Audible alarm ?	☐ yes ☐ no	∐ yes ∐ no	☐ yes ☐ no
?	k. Data system ?	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no
	I. Monitored pollutants - check all that apply:	☐ PM 10 ☐ PM 2.5 ☐ SO2 ☐ CO ☐ VOC ☐ NO2 ☐ NH3 ☐ Mercury ☐ Oxygen ☐ CO2 ☐ H2S ☐ HCL ☐ Opacity ☐ other – describe:	PM 10 PM 2.5 SO2 CO VOC NO2 NH3 Mercury Oxygen CO2 H2S HCL Opacity other − describe:	☐ PM 10 ☐ PM 2.5 ☐ SO2 ☐ CO ☐ VOC ☐ NO2 ☐ NH3 ☐ Mercury ☐ Oxygen ☐ CO2 ☐ H2S ☐ HCL ☐ Opacity ☐ other – describe:
		Describe "other"	Describe "other"	Describe "other"

Bureau of Waste Prevention – Air Quality

BWP AQ AP-2

Emission Unit – Process Description

2015
Year of record
14
DEP EU# (old Point #)
1210261
Facility AQ identifier

2 15	5. Are there air pollution control de	evices on this emissions unit?	Check here if you need to report more than 3 air pollution control devices on
How to delete a control	✓ yes – answer a through i	☐ no – skip to Section B	this unit. eDEP will add another page of control devices after this form.
	Air pollution control device 1	Air pollution control device 2	Air pollution control device 3
	WET SCRUBBER		
	a. Type TRI-MER	Туре	Туре
Do not leave blank – if unknown	b. Manufacturer WHIRL/WET 200-H	Manufacturer	Manufacturer
write 'unknown' or estimate	c. Model number SCRUBBER1	Model number	Model number
estimate	d. Facility's ID for this device 12/1/2000	Facility's ID for this device	Facility's ID for this device
?	e. Installation date (mm/dd/yyyy) MBR-98-ECP-005	Installation date (mm/dd/yyyy)	Installation date (mm/dd/yyyy)
Leave f, g, h	f. DEP approval # (most recent) 6/9/1999	DEP approval # (most recent)	DEP approval # (most recent)
blank if not applicable.	g. DEP approval date (mm/dd/yyyy)	DEP approval date (mm/dd/yyyy)	DEP approval date (mm/dd/yyyy)
	h. Decommission date (mm/dd/yyyy)	Decommission date (mm/dd/yyyy)	Decommission date (mm/dd/yyyy)
?	i. Percent overall efficiency – er	nter for all pollutants that the device	e was designed to control:
PM 10	% Overall eff.	% Overall eff.	% Overall eff.
PM 2.5	% Overall eff.	% Overall eff.	% Overall eff.
SO2	% Overall eff.	% Overall eff.	% Overall eff.
CO	% Overall eff.	% Overall eff.	% Overall eff.
VOC	% Overall eff.	% Overall eff.	% Overall eff.
NO2	% Overall eff.	% Overall eff.	% Overall eff.
NH3	% Overall eff.	% Overall eff.	% Overall eff.
HOC	% Overall eff.	% Overall eff.	% Overall eff.
HYC	% Overall eff.	% Overall eff.	% Overall eff.
Hg	% Overall eff.	% Overall eff.	% Overall eff.
Pb	% Overall eff.	% Overall eff.	% Overall eff.
Other	99 % Overall eff.	% Overall eff.	% Overall eff.
	TOTAL SUSPENDED PARTICULATES Specify "Other"	Specify "Other"	Specify "Other"
	5 p 5 5 m 5 m 5 m 5 m 5 m 5 m 5 m 5 m 5	Specify Curion	Spoon, Guior

Massachusetts Department of Environmental ProtectionBureau of Waste Prevention – Air Quality

BWP AQ AP-2

Emission Unit – Process Description

2015 Year of record 14 DEP EU# (old Point #) 1210261 Facility AQ identifier

B.	Emissions	for Raw	Materials/Finis	hed Products
u.		IOI IXAW	waterials/r illis	neu i louucio

	В.	Emissions for Raw Materials/Finis	hed Products	
		Add a NEW material / product: Check the box if you need to add a material or product that you did not report on previously (eDEP will add a blank Sect. B form to your package).	unit p <i>ermanently</i> . You mu	l or making this product in this st still report data for this year "0" – the material / product
	1.	Operation description:	COMBINED ASH	
		a. Raw material or finished product name:		
Have does a DEF	,	Number of segments for this unit (previous records): 1		4
How does eDEF handle multiple		b. Is material/product an input or output ?	☐ input ✓ output	DEP#
raw materials or finished products?		c. Process description:	ASH STORAGE AND TR	
		d. Source Classification Code (SCC):	30510199	
		(see instructions)	SC Code (call DEP if SC Code BULK MATERIALS-OTH	•
			SCC Description – filled by eDE	
2		e. Maximum process rate for material/product:	18	TONS
Note:			Amount	Units per hour
Definition of Maximum		f. If organic material, give weight % of:	VOC	HOC
process rate			HYC	
		g. Total actual raw material used or finished	121978.0000	TONS
		product produced for year of record:	Amount	Units
		Enter "0" if not used in the year of record	117494 Prior year – eDEP only	TONS Units prior year
				on the proof year
	?	h. Do you have raw material or finished product restrictions?	☐ yes no – skip	to question 1.I
(?	i. DEP approval number for restrictions:	Most recent approval number for	or this material or product
`		j. Short term raw material/finished product	постосни аррготагнальст н	or product
		restriction – if none, leave blank:	Quantity (amount or hours)	Units
			Per: month weel	k □ day □ hour
		k. Annual material/product restriction– if none, leave blank:	Quantity (amount or hours)	Units
			SCRUBBER1	
		I. Indicate which air pollution control devices from Section A, Question 15 control this	Device ID #	Device ID #
		material/product by listing the facility- designated control device ID # for each unit	Device ID #	Device ID #
		that applies:	Device ID #	Device ID #
	(How to make a new air pollution control device appear in these drop menus?	check here if ALL air pollurunit apply to this material/p	tion control devices on the
	(09/19/05	BWP AQ AP-2 Emission Unit –	Process Description • Page 5

Bureau of Waste Prevention - Air Quality

BWP AQ AP-2

Emission Unit - Process Description

2015 Year of record 14

DEP EU# (old Point #) 1210261

Facility AQ identifier

Other:

B. Emissions for Raw Materials/Finished Products (cont.)

?2.

Total emissions for this material/product – tons per year:

mportant: Leaving blanks for Actual and Potential emissions means that you are certifying that here were less than 0.0001 (or zero) tons of emissions for each blank.

S
S
S
ıs
ınds

Important:
Reporting now required for t-Butyl Acetate

For this material or product only

Pollutant	VOC	нос	*Reserved*	NH3	specify
Actual for previous year eDEP only:	Tons	Tons	Tons	Tons	Tons
Actual for year of record:	Tons	Tons	Tons	Tons	Tons
Potential emissions at maximum capacity uncontrolled:	Tons	Tons	Tons	Tons	Tons
Emission factor:			-		-
In pounds per unit:					
Max allowed – annual:	Tons	Tons	Tons	Tons	Tons
Max allowed — short term: Short term period: Basis - DEP approval	Pounds	Pounds	Pounds	Pounds	Pounds
Short term period:					_
Basis - DEP approval number or regulation:				·	_

For this material or product only (leave blank if none)

check to enter your own values

Bureau of Waste Prevention - Air Quality

BWP AQ AP-2

Emission Unit – Process Description

2015
ear of record
14
DEP EU# (old Point #)
1210261
acility AO identifier

0	0
a. Typical ozone day VOC emissions – pounds per day	b. Typical ozone day NOx emissions – pounds per day
check to enter your own values	check to enter your own values
NOTE : The form has estimated the emissions for you. Howe own values by checking the boxes above for VOC and NOx.	ever, you may enter your

C. Notes and Attachments

1. **Notes**: please include in the space below any additional information that will help DEP understand your submission.

2. Attachments:

☐ Check here to submit attachments to this form (e.g., calculations). For eDEP on-line filers, this will create a new step on your Current Submittals Page where you will attach electronic files to your submittal. For attachments that cannot be sent electronically, please list all such attachments below and deliver them to DEP with a paper copy of this form.

Bureau of Waste Prevention - Air Quality

WP AQ AP-2

Emission Unit – Process Description

2015 Year of record 13

DEP EU# (old Point #) 1210261

Facility AQ identifier

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.

A. Emission Unit – Process Description

1. Facility identifiers:

WHEELABRATOR NORTH ANDOV	'ER INCORPORATED
a. Facility name	
132771	1210261
b. DEP Account number	c. Facility AQ identifier – SSEIS ID number

13





2. Emission unit	identifiers:
------------------	--------------

Emission unit identifiers:	(
COOLING TOWER	

a. Facility's choice of emission unit name - edit as needed

CT-1]
h	Facility's emission unit number / code – edit as needed	_

c. DEP emissions unit # (old SSEIS Point #)



d. Combined Units - enter number of individual units

DEP approvals – leave blank if not applicable:

a. Most recent approval number

b. DEP approval date (mm/dd/yyyy)

4. Is this unit exempt under 310 CMR 7.02 Plan Approvals? yes l no

5. If exempt from Plan Approval, indicate reason why (e.g., cite a specific DEP regulation):

EXEMPTIONS IN 310 CMR 7.02(2)(B) NOT IN SUBPARAGRAPH 7, 15 OR 7.26

Reason for exemption



6. Equipment manufacturer and model number and type:

BAC-PRITCHARD

4488-6

a. Manufacturer

c. Equipment Type

b. Model number

MECHANICAL DRAFT COOLING TOWER



d. EPA Unit Type Code : COOLING TOWER

Emission unit installation and decommission dates:

How to delete a unit? (click ?-icon)

4/1/1985

a. Installation date – estimate if unknown (mm/dd/yyyy)

b. Decommission date (mm/dd/yyyy) - if applicable

Complete only if the unit was shut down permanently or replaced since the last report.

Bureau of Waste Prevention - Air Quality

BWP AQ AP-2

Emission Unit – Process Description

2015
Year of record
13
DEP EU# (old Point #)
1210261
Facility AQ identifier

A. Emission Unit – Process Description (cont.)

8.	Emission u	nit replaceme	ent:					
	a. Is this unit replacing another emission unit?							
	✓ no							
	DEP's emission unit number and facility unit name							
9.	9. Additional state reporting requirements:							
		e other routin pecify reportin	•		quirements for this no – skip	s emissions unit ? to question 9c		
	b. Reportin	g frequency	– check all	that apply:				
	☐ Monthly	☐ Quarte	rly 🗌 Se	mi-annual [☐ Annual ☐ RE	S		
	(include Ope	rating Permit an	d Plan Appro	val reports, but n	ot exceedance reportir	ng)		
		nit subject to	`	,				
	☐ NESHA	P 🗌 NSPS		ACT				
	Hours of on			., .	<u></u>			
10.	i louis oi op	peration for tr	ne emissior	n unit: a. [check if continum	lously operated – 24 x 7 x 52		
10.	24	eration for tr	ne emissior	n unit: a. [7	check if continu	uously operated – 24 x 7 x 52 52		
10.	•		ne emissior	n unit: a. [7 c. Number of da				
10.	b. Number of I	hours per day		7 c. Number of da		52 d. Number of weeks per year		
10.	b. Number of I	hours per day of total annua	al operation	7 c. Number of da n that occurs in 25.3	ays per week in each calendar o Sum of Q1+Q2-	d. Number of weeks per year quarter: +Q3+Q4 must = 100%		
?	b. Number of I e. Percent of 24.7	hours per day of total annua 24.7 Q2	al operation 25.3 Q3	c. Number of dan that occurs in 25.3	ays per week in each calendar c Sum of Q1+Q2- (or 0% if the uni	d. Number of weeks per year		
?	b. Number of the Percent of 24.7 Q1 Ozone seas	hours per day of total annua 24.7 Q2	al operation 25.3 Q3	7 c. Number of da n that occurs in 25.3	ays per week in each calendar c Sum of Q1+Q2- (or 0% if the uni	d. Number of weeks per year quarter: +Q3+Q4 must = 100% t was not operated for any quarter)		
?	b. Number of the e. Percent of 24.7 Q1 Ozone seas 24	hours per day of total annua 24.7 Q2 son schedule	25.3 Q3 Q 1 tl	7 c. Number of da n that occurs in 25.3 Q4 hrough Septe	ays per week in each calendar c Sum of Q1+Q2- (or 0% if the uni mber 30:	d. Number of weeks per year quarter: +Q3+Q4 must = 100% t was not operated for any quarter)		
?	b. Number of the e. Percent of 24.7 Q1 Ozone seas 24	hours per day of total annua 24.7 Q2	25.3 Q3 Q 1 tl	c. Number of dan that occurs in 25.3	ays per week in each calendar c Sum of Q1+Q2- (or 0% if the uni mber 30:	d. Number of weeks per year quarter: +Q3+Q4 must = 100% t was not operated for any quarter)		
11.	b. Number of the Percent of 24.7 Q1 Ozone seas 24 a. Ozone seas	hours per day of total annua 24.7 Q2 son schedule	al operation 25.3 Q3 e – May 1 the	7 c. Number of da n that occurs in 25.3 Q4 hrough Septe 7 b. Ozone season	ays per week in each calendar c Sum of Q1+Q2- (or 0% if the uni mber 30:	d. Number of weeks per year quarter: +Q3+Q4 must = 100% t was not operated for any quarter)		
11.	b. Number of the Percent of 24.7 Q1 Ozone seas 24 a. Ozone seas Emission re	hours per day of total annua 24.7 Q2 son schedule	al operation 25.3 Q3 e – May 1 the say - select one	c. Number of da that occurs in 25.3 Q4 hrough Septe 7 b. Ozone season	ays per week in each calendar c Sum of Q1+Q2- (or 0% if the uni mber 30:	d. Number of weeks per year quarter: +Q3+Q4 must = 100% t was not operated for any quarter) 22 c. Weeks operated in ozone season		
11.	b. Number of the Percent of 24.7 Q1 Ozone sease 24 a. Ozone sease Emission re Non-Stace I fugitive goose	hours per day of total annua 24.7 Q2 son schedule son hours per da elease point - k Release Po	al operation 25.3 Q3 e – May 1 the select one oints: rizontal verwinward face	7 c. Number of da n that occurs in 25.3 Q4 hrough Septe 7 b. Ozone season e: ?	ays per week in each calendar c Sum of Q1+Q2- (or 0% if the uni mber 30: n days per week Physical Stack	d. Number of weeks per year quarter: +Q3+Q4 must = 100% t was not operated for any quarter) 22 c. Weeks operated in ozone season		
11.	b. Number of the e. Percent of	hours per day of total annua 24.7 Q2 son schedule son hours per da elease point - k Release Po e	al operation 25.3 Q3 e – May 1 the second of the second o	7 c. Number of da n that occurs in 25.3 Q4 hrough Septe 7 b. Ozone season e: ?	ays per week in each calendar c Sum of Q1+Q2- (or 0% if the uni mber 30: n days per week Physical Stack	d. Number of weeks per year quarter: +Q3+Q4 must = 100% t was not operated for any quarter) 22 c. Weeks operated in ozone season		

Facility's stack identifier from STACK form – to change stack name use the STACK form

If the stack for this unit is not listed, save and exit this form now and complete a new Stack form before completing this form.

Bureau of Waste Prevention – Air Quality

BWP AQ AP-2

Emission Unit – Process Description

2015
Year of record
13
DEP EU# (old Point #)
1210261
Facility AO identifier

A. Emission Unit – Process Description (cont.)

?	yes – answer a t	hrough I	o to Question 15	devices ?
How to delete monitor	a	Monitor 1	Monitor 2	Monitor 3
(a. Monitor type:	check only one:	check only one:	check only one:
Do not leave blank – if unknown write		☐ CEMs ☐ opacity ☐ fuel flow meter ☐ time recorder ☐ temperature recorder ☐ pressure ☐ other – describe:	☐ CEMs ☐ opacity ☐ fuel flow meter ☐ time recorder ☐ temperature recorder ☐ pressure ☐ other – describe:	☐ CEMs ☐ opacity ☐ fuel flow meter ☐ time recorder ☐ temperature recorder ☐ pressure ☐ other – describe:
'unknown' or estimate		Describe "other"	Describe "other"	Describe "other"
	b. Manufacturer:			
	c. Model #:			
	d. Monitor ID #:			
	a Installation data	Facility's Designation	Facility's Designation	Facility's Designation
(e. Installation date:	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
	f. DEP approval #:			
Leave f, g, h	g. DEP approval date:			
applicable.	h. Decommission date:	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
		(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
	i. Recorder ?	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no
	j. Audible alarm ?	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no
?	k. Data system ?	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no
	I. Monitored pollutants - check all that apply:	PM 10 PM 2.5 SO2 CO VOC NO2 NH3 Mercury Oxygen CO2 H2S HCL Opacity other – describe:	PM 10 PM 2.5 S02 C0 VOC N02 NH3 Mercury Oxygen C02 H2S HCL Opacity other – describe:	☐ PM 10 ☐ PM 2.5 ☐ SO2 ☐ CO ☐ VOC ☐ NO2 ☐ NH3 ☐ Mercury ☐ Oxygen ☐ CO2 ☐ H2S ☐ HCL ☐ Opacity ☐ other – describe:
		Describe offici	Describe oniel	Describe offici

Bureau of Waste Prevention – Air Quality

BWP AQ AP-2

Emission Unit – Process Description

Year of record
13
DEP EU# (old Point #)
1210261
Facility AQ identifier

A. Emission Unit – Process Description (cont.)

2	15.	Are there air pollution control devices on this emissions unit?			Check here if you need to report more than 3 air pollution control devices on	
How to delete a control		yes – answer a through i	✓ no – skip to Section B		this unit. eDEP will add another page of control devices after this form.	
		Air pollution control device 1	Air pollution control device	2	Air pollution control device 3	
	-					
		а. Туре	Туре		Туре	
Do not leave blank – if unknown		b. Manufacturer	Manufacturer		Manufacturer	
write 'unknown' or		C. Model number	Model number		Model number	
estimate		d. Facility's ID for this device	Facility's ID for this device		Facility's ID for this device	
	?	e. Installation date (mm/dd/yyyy)	Installation date (mm/dd/yyyy)		Installation date (mm/dd/yyyy)	
Leave f, g, h		f. DEP approval # (most recent)	DEP approval # (most recent)		DEP approval # (most recent)	
blank if not applicable.		g. DEP approval date (mm/dd/yyyy)	DEP approval date (mm/dd/yyyy	')	DEP approval date (mm/dd/yyyy)	
		h. Decommission date (mm/dd/yyyy)	Decommission date (mm/dd/yyy	y)	Decommission date (mm/dd/yyyy)	
	?	i. Percent overall efficiency – er	ter for all pollutants that the d	evice wa	as designed to control:	
PM 10)	% Overall eff.	% Overall eff.		% Overall eff.	
PM 2.5	5	% Overall ell.	% Overall ell.		% Overall ell.	
SO2		% Overall eff.	% Overall eff.		% Overall eff.	
		% Overall eff.	% Overall eff.		% Overall eff.	
CO		% Overall eff.	% Overall eff.		% Overall eff.	
VOC	;	% Overall eff.	% Overall eff.		% Overall eff.	
NO2	2	% Overall eff.	% Overall eff.		% Overall eff.	
NH3	3	% Overall eff.				
HOC	;		% Overall eff.		% Overall eff.	
HYC	;	% Overall eff.	% Overall eff.		% Overall eff.	
Hg		% Overall eff.	% Overall eff.		% Overall eff.	
_		% Overall eff.	% Overall eff.		% Overall eff.	
Pb		% Overall eff.	% Overall eff.		% Overall eff.	
Other	r	% Overall eff.	% Overall eff.		% Overall eff.	
		Specify "Other"	Specify "Other"		Specify "Other"	

Bureau of Waste Prevention - Air Quality

BWP AQ AP-2

09/19/05

Emission Unit – Process Description

2015
Year of record
13
DEP EU# (old Point #)
1210261
Facility AQ identifier

BWP AQ AP-2 Emission Unit - Process Description • Page 5

	B. Emissions for Raw Materials/Finished Products				
		Add a NEW material / product: Check the box if you need to add a material or product that you did not report on previously (eDEP will add a blank Sect. B form to your package).	unit p <i>ermanently</i> . You mu of record even if amount i	duct: check the box if you all or making this product in this ust still report data for this year s "0" – the material / product unit in the next report cycle.	
	1.	Operation description:	COOLING WATEWR THROUGHPUT		
?		a. Raw material or finished product name: Number of segments for this unit (previous records): 1			
How does eDEF handle multiple		b. Is material/product an input or output ?	✓ input □ output	1 DEP#	
raw materials or finished products?		c. Process description:	MECHANICAL DRAFT (COOLING TOWER	
		d. Source Classification Code (SCC):	38500101		
		(see instructions)	SC Code (call DEP if SC Code COOLING TOWER-PRO SCC Description – filled by eD	OCESS COOLING-MEC	
2		e. Maximum process rate for material/product:	17	1000 GALLONS	
Note:			Amount	Units per hour	
Definition of Maximum process rate		f. If organic material, give weight % of:	VOC	HOC	
		g. Total actual raw material used or finished	нүс 8913.4400	MILLION GALLONS	
		product produced for year of record:	Amount 8857.1360	Units MILLION GALLONS	
		Enter "0" if not used in the year of record	Prior year – eDEP only	Units prior year	
	?	h. Do you have raw material or finished product restrictions?	☐ yes	to question 1.I	
	?	i. DEP approval number for restrictions:	Most recent approval number	for this material or product	
	j. Short term raw material/finished product			11.9	
		restriction – if none, leave blank:	Quantity (amount or hours)	Units	
			Per: month wee	ek ∐ day ∐ hour	
		k. Annual material/product restrictionif none, leave blank:	Quantity (amount or hours)	Units	
		I. Indicate which air pollution control devices from Section A, Question 15 control this	Device ID #	Device ID #	
		material/product by listing the facility- designated control device ID # for each unit	Device ID #	Device ID #	
		that applies:	Device ID #	Device ID #	
		How to make a new air pollution control device appear in these drop menus?	check here if ALL air polluunit apply to this material	ution control devices on the /product	

Bureau of Waste Prevention - Air Quality

BWP AQ AP-2

Emission Unit – Process Description

2015 Year of record

13
DEP EU# (old Point #)

1210261

Facility AQ identifier

Other:

B. Emissions for Raw Materials/Finished Products (cont.)

?2.

Total emissions for this material/product – tons per year:

mportant: Leaving blanks for Actual and Potential emissions means that ou are certifying that
here were less than 0.0001 (or zero) tons
of emissions for each
olank.

for	Pollutant	PM10	PM2.5	SO2	NO2	СО
ntial is that g that	Actual for previous year eDEP only:	3.4039 Tons 3.4255	Tons	Tons	Tons	Tons
than tons each	Actual for year of record:	Tons	Tons	Tons	Tons	Tons
(Potential emissions at maximum capacity uncontrolled:	3.4339 Tons 0.7686	Tons	Tons	Tons	Tons
	Emission factor: In pounds per unit::	MILLION GALLO				
al or y one)	Max allowed – annual:	Tons	Tons	Tons	Tons	Tons
For this material or product only (leave blank if none)	Max allowed — short term:	Pounds	Pounds	Pounds	Pounds	Pounds
this r produ ve bla	Short term period:					
For (lea	Basis: DEP approval number or regulation:					

Important:
Reporting now required for t-Butyl Acetate

	Pollutant	voc	нос	*Reserved*	NH3	specify
	Actual for previous year eDEP only:	Tons	Tons	Tons	Tons	Tons
	Actual for year of record:	Tons	Tons	Tons	Tons	Tons
F	Potential emissions at maximum capacity uncontrolled:	Tons	Tons	Tons	Tons	Tons
	Emission factor:				-	_
	In pounds per unit:		_			_
oue)	Max allowed – annual:	Tons	Tons	Tons	Tons	Tons
(leave blank it none	Max allowed — short term:	Pounds	Pounds	Pounds	Pounds	Pounds
	Short term period:		_			_
פֿפ	Basis - DEP approval number or regulation:		_			

For this material or product only (leave blank if none)

check to enter your own values

Bureau of Waste Prevention - Air Quality

BWP AQ AP-2

Emission Unit – Process Description

2015
Year of record
13
DEP EU# (old Point #)
1210261
Facility AO identifier

0	0
a. Typical ozone day VOC emissions – pounds per day	b. Typical ozone day NOx emissions – pounds per day
check to enter your own values	check to enter your own values

C. Notes and Attachments

1. **Notes**: please include in the space below any additional information that will help DEP understand your submission.

2. Attachments:

☐ Check here to submit attachments to this form (e.g., calculations). For eDEP on-line filers, this will create a new step on your Current Submittals Page where you will attach electronic files to your submittal. For attachments that cannot be sent electronically, please list all such attachments below and deliver them to DEP with a paper copy of this form.

Bureau of Waste Prevention - Air Quality

BWP AQ AP-2

Emission Unit – Process Description

2015 Year of record 11 DEP EU# (old Point #) 1210261

Facility AQ identifier

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.

1

A. Emission Unit - Process Description

• •	r domey radination						
	WHEELABRATOR	NORTH	ANDOVER	INCORPORAT	ED		

a. Facility name

Facility identifiers:

b. DEP Account number

132771

1210261

c. Facility AQ identifier - SSEIS ID number



Emission unit identifiers:



HYDRATED LIME STORAGE SILO WITH FABRIC FILTER VENT

a. Facility's choice of emission unit name - edit as needed

b. Facility's emission unit number / code - edit as needed

c. DEP emissions unit # (old SSEIS Point #)



d. Combined Units - enter number of individual units

DEP approvals – leave blank if not applicable:

a. Most recent approval number

b. DEP approval date (mm/dd/yyyy)

- 4. Is this unit exempt under 310 CMR 7.02 Plan Approvals? yes l no
- 5. If exempt from Plan Approval, indicate reason why (e.g., cite a specific DEP regulation):

310 CMR 7.03 U PLAN APPROVAL EXEMPTION: CONSTRUCTION REQUIREMENTS

Reason for exemption



6. Equipment manufacturer and model number and type:

WAPC

NA

a. Manufacturer

b. Model number

DRY MATERIAL STORAGE SILO c. Equipment Type



d. EPA Unit Type Code: SILO

How to delete a unit? (click ?-icon)

Emission unit installation and decommission dates:

11/1/1992

a. Installation date - estimate if unknown (mm/dd/yyyy)

b. Decommission date (mm/dd/yyyy) - if applicable

Complete only if the unit was shut down permanently or replaced since the last report.

Bureau of Waste Prevention - Air Quality

BWP AQ AP-2

Emission Unit – Process Description

2015
ear of record
11
EP EU# (old Point #)
210261
acility AO identifier

A. Emission Unit – Process Description (cont.)

8.	Emission un	nit replaceme	ent:			
	a. Is this unit replacing another emission unit?					
	✓ no					
	DEP's emission unit number and facility unit name					
9.	Additional state reporting requirements:					
		other routin	•		quirements for this er no – skip to o	
	b. Reporting	g frequency	– check a	III that apply:		
	☐ Monthly	☐ Quarte	rly 🗌 S	emi-annual	☐ Annual ☐ RES	
	(include Opera	ating Permit an	d Plan Appre	oval reports, but no	ot exceedance reporting)	
	c. Is this un	it subject to	(check all	I that apply):		
	☐ NESHAF	P □ NSPS		MACT		
40						-l
10.	Hours of ope	eration for th	ne emissio	on unit: a. [check if continuous	sly operated – 24 x 7 x 52
10.	Hours of ope		ne emissio	on unit: a. [1 c. Number of da		sly operated – 24 x 7 x 52 12 d. Number of weeks per year
10.	b. Number of he	ours per day		1 c. Number of da	ys per week	12 d. Number of weeks per year
10.	b. Number of he	ours per day	al operatio	1 c. Number of da		d. Number of weeks per year
10.	b. Number of he	ours per day		1 c. Number of da on that occurs i	ys per week n each calendar quai	d. Number of weeks per year
?	b. Number of he e. Percent o 28.3	ours per day of total annua 29.3 Q2	al operatio 22.0 Q3	1 c. Number of da on that occurs i	ys per week n each calendar quai Sum of Q1+Q2+Q3- (or 0% if the unit wa	d. Number of weeks per year rter: +Q4 must = 100%
?	b. Number of he e. Percent o 28.3	ours per day of total annua 29.3 Q2	al operatio 22.0 Q3	c. Number of da on that occurs i 20.4	ys per week n each calendar quai Sum of Q1+Q2+Q3- (or 0% if the unit wa	d. Number of weeks per year rter: +Q4 must = 100%
?	b. Number of he e. Percent o 28.3	ours per day of total annua 29.3 Q2 con schedule	22.0 Q3 e – May 1	c. Number of da on that occurs i 20.4	ys per week n each calendar quai Sum of Q1+Q2+Q3- (or 0% if the unit wa mber 30:	d. Number of weeks per year rter: +Q4 must = 100% s not operated for any quarter)
?	b. Number of he. Percent of 28.3 Q1 Ozone seas	ours per day of total annua 29.3 Q2 con schedule	22.0 Q3 e – May 1	1 c. Number of da on that occurs i 20.4 Q4 through Septer	ys per week n each calendar quai Sum of Q1+Q2+Q3- (or 0% if the unit wa mber 30:	d. Number of weeks per year rter: +Q4 must = 100% s not operated for any quarter)
11.	b. Number of he. Percent of 28.3 Q1 Ozone seas	ours per day of total annua 29.3 Q2 con schedule on hours per da	22.0 Q3 e – May 1	c. Number of da on that occurs in 20.4 Q4 through Septer 1 b. Ozone season	ys per week n each calendar quai Sum of Q1+Q2+Q3- (or 0% if the unit wa mber 30:	d. Number of weeks per year rter: +Q4 must = 100% s not operated for any quarter)
11.	b. Number of he e. Percent of 28.3 Q1 Ozone seas 1 a. Ozone seaso Emission rel	ours per day of total annua 29.3 Q2 con schedule on hours per da	al operation 22.0 Q3 e – May 1 ay - select or	c. Number of da on that occurs in 20.4 Q4 through Septer 1 b. Ozone season	ys per week n each calendar quai Sum of Q1+Q2+Q3- (or 0% if the unit wa mber 30:	d. Number of weeks per year rter: +Q4 must = 100% s not operated for any quarter)
11.	b. Number of he e. Percent of 28.3 Q1 Ozone sease 1 a. Ozone sease Non-Stack fugitive goosen	ours per day of total annua 29.3 Q2 con schedule on hours per da lease point -	al operation 22.0 Q3 e – May 1 ay - select or oints: rizontal very	1 c. Number of da on that occurs in 20.4 Q4 through Septer b. Ozone season ne: ?	ys per week n each calendar quai Sum of Q1+Q2+Q3- (or 0% if the unit wa mber 30: days per week	d. Number of weeks per year rter: +Q4 must = 100% s not operated for any quarter) 5 c. Weeks operated in ozone season
11.	b. Number of he. Percent of 28.3 Q1 Ozone sease 1 a. Ozone sease Non-Stack fugitive goosen vertical	ours per day of total annua 29.3 Q2 con schedule on hours per da lease point -	al operation 22.0 Q3 e – May 1 ay - select or pints: rizontal very wnward faress than	1 c. Number of da on that occurs in 20.4 Q4 through Septer b. Ozone season ne: ?	ys per week n each calendar quar - Sum of Q1+Q2+Q3- (or 0% if the unit wa mber 30: days per week Physical Stacks: vertical stack	d. Number of weeks per year rter: +Q4 must = 100% s not operated for any quarter) 5 c. Weeks operated in ozone season
11.	b. Number of he. Percent of 28.3 Q1 Ozone sease a. Ozone sease Emission rel Non-Stack fugitive goosen vertical	ours per day of total annua 29.3 Q2 con schedule on hours per da lease point - c Release Point c Release Point deck do	al operation 22.0 Q3 e – May 1 ay - select or coints: rizontal very wnward far ess than	1 c. Number of da on that occurs in 20.4 Q4 through Septem b. Ozone season ne: ?	ys per week n each calendar quar - Sum of Q1+Q2+Q3- (or 0% if the unit wa mber 30: days per week Physical Stacks: vertical stack	d. Number of weeks per year reter: +Q4 must = 100% s not operated for any quarter) 5 c. Weeks operated in ozone season

Facility's stack identifier from STACK form – to change stack name use the STACK form

If the stack for this unit is not listed, save and exit this form now and complete a new Stack form before completing this form.

Bureau of Waste Prevention – Air Quality

BWP AQ AP-2

Emission Unit – Process Description

2015
Year of record
11
DEP EU# (old Point #)
1210261
Eacility AO identifier

A. Emission Unit – Process Description (cont.)

?	yes – answer a tl		to Question 15	evices ?
How to delete monitor	a	Monitor 1	Monitor 2	Monitor 3
(a. Monitor type:	check only one:	check only one:	check only one:
Do not leave blank – if unknown write		☐ CEMs ☐ opacity ☐ fuel flow meter ☐ time recorder ☐ temperature recorder ☐ pressure ☐ other – describe:	☐ CEMs ☐ opacity ☐ fuel flow meter ☐ time recorder ☐ temperature recorder ☐ pressure ☐ other — describe:	☐ CEMs ☐ opacity ☐ fuel flow meter ☐ time recorder ☐ temperature recorder ☐ pressure ☐ other – describe:
'unknown' or estimate		Describe "other"	Describe "other"	Describe "other"
	b. Manufacturer:			
	c. Model #:			
	d. Monitor ID #:			
	e. Installation date:	Facility's Designation	Facility's Designation	Facility's Designation
(>	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
	f. DEP approval #:			
Leave f, g, h	g. DEP approval date:	(manufal al la manu)	(magazialah), u u u)	(100 100 / 10 10 / 10 10 10 10 10 10 10 10 10 10 10 10 10
applicable.	h. Decommission date:	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
`	i. Recorder ?	(mm/dd/yyyy) ☐ yes ☐ no	(mm/dd/yyyy) ☐ yes ☐ no	(mm/dd/yyyy) ☐ yes ☐ no
	j. Audible alarm ?	☐ yes ☐ no	∐ yes ∐ no	☐ yes ☐ no
?	k. Data system ?	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no
	I. Monitored pollutants - check all that apply:	☐ PM 10 ☐ PM 2.5 ☐ SO2 ☐ CO ☐ VOC ☐ NO2 ☐ NH3 ☐ Mercury ☐ Oxygen ☐ CO2 ☐ H2S ☐ HCL ☐ Opacity ☐ other – describe:	PM 10 PM 2.5 SO2 CO VOC NO2 NH3 Mercury Oxygen CO2 H2S HCL Opacity other − describe:	☐ PM 10 ☐ PM 2.5 ☐ SO2 ☐ CO ☐ VOC ☐ NO2 ☐ NH3 ☐ Mercury ☐ Oxygen ☐ CO2 ☐ H2S ☐ HCL ☐ Opacity ☐ other – describe:
		Describe "other"	Describe "other"	Describe "other"

Bureau of Waste Prevention – Air Quality

BWP AQ AP-2

Emission Unit – Process Description

2015
Year of record
11
DEP EU# (old Point #)
1210261
Facility AQ identifier

A. Emission Unit – Process Description (cont.)

6 15	. Are there air pollution control de	Check here if you need to report more	
How to delete a control	✓ yes – answer a through i	no – skip to Section B	than 3 air pollution control devices on this unit. eDEP will add another page of control devices after this form.
	Air pollution control device 1	Air pollution control device 2	Air pollution control device 3
	FABRIC FILTER		
	a. Type WAPC	Туре	Туре
Do not leave blank – if unknown	b. Manufacturer NA	Manufacturer	Manufacturer
write 'unknown' or estimate	c. Model number HYLISILOFF	Model number	Model number
estimate	d. Facility's ID for this device 11/1/1992	Facility's ID for this device	Facility's ID for this device
?	e. Installation date (mm/dd/yyyy) MBR-96-IND-027	Installation date (mm/dd/yyyy)	Installation date (mm/dd/yyyy)
Leave f, g, h	f. DEP approval # (most recent) 11/29/1996	DEP approval # (most recent)	DEP approval # (most recent)
blank if not applicable.	g. DEP approval date (mm/dd/yyyy)	DEP approval date (mm/dd/yyyy)	DEP approval date (mm/dd/yyyy)
	h. Decommission date (mm/dd/yyyy)	Decommission date (mm/dd/yyyy)	Decommission date (mm/dd/yyyy)
?	i. Percent overall efficiency – er	nter for all pollutants that the device	was designed to control:
PM 10	99.9		
PM 2.5	% Overall eff.	% Overall eff.	% Overall eff.
SO2	% Overall eff.	% Overall eff.	% Overall eff.
	% Overall eff.	% Overall eff.	% Overall eff.
CO	% Overall eff.	% Overall eff.	% Overall eff.
VOC	% Overall eff.	% Overall eff.	% Overall eff.
NO2	% Overall eff.	% Overall eff.	% Overall eff.
NH3	% Overall eff.	% Overall eff.	% Overall eff.
HOC	% Overall eff.	% Overall eff.	% Overall eff.
HYC	% Overall eff.	% Overall eff.	% Overall eff.
Hg	% Overall eff.	% Overall eff.	% Overall eff.
Pb	% Overall eff.	% Overall eff.	% Overall eff.
Other	99.9		
2 11.2	% Overall eff.	% Overall eff.	% Overall eff.
	TOTAL SUSPENDED PARTICULATES		
	Specify "Other"	Specify "Other"	Specify "Other"

Massachusetts Department of Environmental ProtectionBureau of Waste Prevention – Air Quality

BWP AQ AP-2

Emission Unit – Process Description

2015
Year of record
11
DEP EU# (old Point #)
1210261
Facility AO identifier

	В.	Emissions for Raw Materials/Finis	hed Products		
		Add a NEW material / product: Check the box if you need to add a material or product that you did not report on previously (eDEP will add a blank Sect. B form to your package).	unit permanently. You mu of record even if amount is	luct: check the box if you all or making this product in this ust still report data for this year s "0" – the material / product unit in the next report cycle.	
	1.	Operation description:	HYDRATED LIME		
2		a. Raw material or finished product name:			
ow does eDEF	5	Number of segments for this unit (previous records): 1	√ input □ output	1	
andle multiple		b. Is material/product an input or output?	✓ input	DEP#	
aw materials or nished roducts ?		c. Process description:	LIME STORED FOR US CONDITIONING SYSTE		
		d. Source Classification Code (SCC):	30501613		
		(see instructions)	SC Code (call DEP if SC Code MINERAL PRODUCTS		
			SCC Description – filled by eD		
?		e. Maximum process rate for material/product:	20 Amount	TONS Units per hour	
ote: efinition of laximum		f. If organic material, give weight % of:	VOC	НОС	
rocess rate			HYC		
		g. Total actual raw material used or finished	1085.9300	TONS	
		product produced for year of record:	Amount 1085.93	Units TONS	
		Enter "0" if not used in the year of record	Prior year – eDEP only	Units prior year	
	?	h. Do you have raw material or finished product restrictions?	☐ yes ✓ no – skip to question 1.I		
	?	i. DEP approval number for restrictions:	Most recent approval number f	or this material or product	
		j. Short term raw material/finished product			
		restriction – if none, leave blank:	Quantity (amount or hours)	Units	
			Per: month wee	ek □ day □ hour	
		k. Annual material/product restriction– if none, leave blank:	Quantity (amount or hours)	Units	
		Lindicate which air pollution central devices from	HYLISILOFF		
		I. Indicate which air pollution control devices from Section A, Question 15 control this	Device ID #	Device ID #	
		material/product by listing the facility- designated control device ID # for each unit that applies:	Device ID #	Device ID #	
			Device ID #	Device ID #	
		How to make a new air pollution control device appear in these drop menus?	check here if ALL air pollu unit apply to this material/	ution control devices on the product	
	0	9/19/05	BWP AQ AP-2 Emission Unit –	Process Description • Page 5	

Bureau of Waste Prevention - Air Quality

BWP AQ AP-2

Emission Unit – Process Description

2015

Year of record

11

DEP EU# (old Point #) 1210261

Facility AQ identifier

B. Emissions for Raw Materials/Finished Products (cont.)

Total emissions for this material/product - tons per year:

mportant: Leaving blanks for Actual and Potential emissions means that you are certifying that here were less than 0.0001 (or zero) tons of emissions for each blank.

	Pollutant	PM10	PM2.5	SO2	NO2	со
	Actual for previous year eDEP only:	0.0052 Tons	Tons	Tons	Tons	Tons
	Actual for year of record:	0.0052 Tons	Tons	Tons	Tons	Tons
?	Potential emissions at maximum capacity uncontrolled:	.845 Tons 0.0097	Tons	Tons	Tons	Tons
	Emission factor: In pounds per unit::	TONS				
ne)	Max allowed – annual:	Tons	Tons	Tons	Tons	Tons
(leave blank if none)	Max allowed — short term:	Pounds	Pounds	Pounds	Pounds	Pounds
ve bla	Short term period:		_	_		_
(lea	Basis: DEP approval number or regulation:		_		_	_
						Other:

Reporting now required for t-Butyl Acetate

For this material or product only

Pollutant	voc	нос	*Reserved*	NH3	specify
Actual for previous year eDEP only:	Tons	Tons	Tons	Tons	Tons
Actual for year of record:	Tons	Tons	Tons	Tons	Tons
Potential emissions at maximum capacity uncontrolled:	Tons	Tons	Tons	Tons	Tons
Emission factor:		_	_		_
In pounds per unit:		_			_
Max allowed – annual:	Tons	Tons	Tons	Tons	Tons
Max allowed – short term:	Pounds	Pounds	Pounds	Pounds	Pounds
Short term period:		_	_		_
Basis - DEP approval number or regulation:		_			_

For this material or product only (leave blank if none)

check to enter your own values

Bureau of Waste Prevention - Air Quality

BWP AQ AP-2

Emission Unit – Process Description

2015
Year of record
11
DEP EU# (old Point #)
1210261
Facility AO identifier

? 3.	Ozone season emissions – May 1 through September 30:				
	0	0			
	a. Typical ozone day VOC emissions – pounds per day	b. Typical ozone day NOx emissions – pounds per day			
	check to enter your own values	check to enter your own values			
NOTE : The form has estimated the emissions for you. However, you may enter your own values by checking the boxes above for VOC and NOx.					

C. Notes and Attachments

1. **Notes**: please include in the space below any additional information that will help DEP understand your submission.

ONE LIME SILO WITH 40 TON CAPACITY. NOTE THAT THIS LIME SILO WAS ORIGINALLY INSTALLED AS PART OF A DRY SORBENT INJECTION SYSTEM. THE DRY SORBENT INJECTION SYSTEM WAS DECOMMISSIONED AND THE SILO IDLE UNTIL INCORPORATED INTO THE ASH CONDITIONING SYSTEM.

2.	Attachments:
	Check here to submit attachments to this form (e.g., calculations). For eDEP on-line filers, this will create a new step on your Current Submittals Page where you will attach electronic files to your submittal. For attachments that cannot be sent electronically, please list all such attachments below

and deliver them to DEP with a paper copy of this form.

Bureau of Waste Prevention - Air Quality

BWP AQ AP-2

Emission Unit – Process Description

2015 Year of record 10

DEP EU# (old Point #) 1210261

Facility AQ identifier

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.

A. Emission Unit – Process Description

1. Facility identifiers:

WHEELABRATOR NORTH ANDOVER INCORPORATED			
a. Facility name			
132771	1210261		
b. DEP Account number c. Facility AQ identifier – SSEIS ID number			





Emission unit identifiers:



CARBON STORAGE SILO WITH FABRIC FILTER VENT

a. Facility's choice of emission unit name – edit as needed	
4	10
b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # (old SSEIS Point #)
d Combined Units – enter number of individual units	



DEP approvals – leave blank if not applicable:

MBR-98-ECP-005	6/9/1999
a. Most recent approval number	b. DEP approval date (mm/dd/yyyy)

- 4. Is this unit exempt under 310 CMR 7.02 Plan Approvals? yes □no
- 5. If exempt from Plan Approval, indicate reason why (e.g., cite a specific DEP regulation):

310 CMR 7.03 U PLAN APPROVAL EXEMPTION: CONSTRUCTION REQUIREMENTS

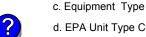
Reason for exemption



Equipment manufacturer and model number and type:

0.	Equipment manufacturer and model number and	ιуρ	5 .
	WAPC		NA

a. Manufacturer DRY MATERIAL STORAGE SILO b. Model number



d. EPA Unit Type Code: SILO





Emission unit installation and decommission dates:

7/1/2000

a. Installation date – estimate if unknown (mm/dd/yyyy)

b. Decommission date (mm/dd/yyyy) - if applicable

Complete only if the unit was shut down permanently or replaced since the last report.

Bureau of Waste Prevention - Air Quality

BWP AQ AP-2

Emission Unit – Process Description

2015
Year of record
10
DEP EU# (old Point #)
1210261
Facility AQ identifier

A. Emission Unit – Process Description (cont.)

8.	. Emission unit replacement:					
	a. Is this ur	nit replacing	another em	nission unit?		
	☑ no	☐ yes – e	enter DEP's	emissions unit	number for the u	nit being replaced below:
	DEP's emission	on unit numbe	r and facility un	it name		
9.	Additional	state reporti	ing requirem	nents:		
			ine air qualit ting frequen		quirements for this no – skip	s emissions unit ? to question 9c
	☐ Monthly (include Ope	✓ ☐ Quart	and Plan Appro o (check all	emi-annual [☐ Annual ☐ RE	
10.	. Hours of op	peration for	the emission	n unit: a. [check if continu	ously operated – 24 x 7 x 52
						, i
2	b Number of	hours per day		1 c. Number of day		5
?	b. Number of	hours per day		that occurs in	ys per week	5 d. Number of weeks per year
?	b. Number of			n that occurs in	ys per week n each calendar q Sum of Q1+Q2+	d. Number of weeks per year uarter: -Q3+Q4 must = 100%
?	b. Number of e. Percent 18.9	of total ann	ual operation 20.4 Q3	n that occurs in 20.9	ys per week n each calendar q Sum of Q1+Q2+ (or 0% if the uni	d. Number of weeks per year uarter:
11.	b. Number of e. Percent 18.9	of total ann	ual operation 20.4 Q3	n that occurs in 20.9 Q4 chrough Septer	ys per week n each calendar q Sum of Q1+Q2+ (or 0% if the unit mber 30:	d. Number of weeks per year uarter: -Q3+Q4 must = 100%
11.	b. Number of e. Percent 18.9 Q1 Ozone sea	of total ann	ual operation 20.4 Q3 sle – May 1 t	n that occurs in 20.9	ys per week n each calendar q Sum of Q1+Q2+ (or 0% if the unit mber 30:	d. Number of weeks per year uarter: cQ3+Q4 must = 100% t was not operated for any quarter)
	b. Number of e. Percent 18.9 Q1 Ozone sea	of total annual 39.8 Q2 son scheduson hours per	ual operation 20.4 Q3 sle – May 1 t	n that occurs in 20.9 Q4 chrough Septer 1 b. Ozone season	ys per week n each calendar q Sum of Q1+Q2+ (or 0% if the unit mber 30:	d. Number of weeks per year uarter: cQ3+Q4 must = 100% t was not operated for any quarter)
	b. Number of e. Percent 18.9 Q1 Ozone sea 2 a. Ozone seas	of total annual 39.8 Q2 son scheduson hours per	ual operation 20.4 Q3 Ile – May 1 t day t – select on	n that occurs in 20.9 Q4 chrough Septer b. Ozone season	ys per week n each calendar q Sum of Q1+Q2+ (or 0% if the unit mber 30:	d. Number of weeks per year uarter: -Q3+Q4 must = 100% t was not operated for any quarter) 2 c. Weeks operated in ozone season
	b. Number of e. Percent 18.9 Q1 Ozone sea 2 a. Ozone seas Non-Stace Gugitive Gugoose	of total annuage. 39.8 Q2 son schedu son hours per elease point ek Release f e h neck d d	ual operation 20.4 Q3 Ile – May 1 t day t – select on	n that occurs in 20.9 Q4 chrough Septer b. Ozone season ne: ?	ys per week n each calendar q Sum of Q1+Q2+ (or 0% if the uni mber 30: days per week Physical Stack	d. Number of weeks per year uarter: -Q3+Q4 must = 100% t was not operated for any quarter) 2 c. Weeks operated in ozone season s:

Facility's stack identifier from STACK form – to change stack name use the STACK form

If the stack for this unit is not listed, save and exit this form now and complete a new Stack form before completing this form.

Bureau of Waste Prevention – Air Quality

BWP AQ AP-2

Emission Unit – Process Description

2015
Year of record
10
DEP EU# (old Point #)
1210261
Eacility AO identifier

A. Emission Unit – Process Description (cont.)

?	yes – answer a t	hrough I	o to Question 15	devices ?
How to delete monitor	a	Monitor 1	Monitor 2	Monitor 3
(a. Monitor type:	check only one:	check only one:	check only one:
Do not leave blank – if unknown write		☐ CEMs ☐ opacity ☐ fuel flow meter ☐ time recorder ☐ temperature recorder ☐ pressure ☐ other – describe:	☐ CEMs ☐ opacity ☐ fuel flow meter ☐ time recorder ☐ temperature recorder ☐ pressure ☐ other – describe:	☐ CEMs ☐ opacity ☐ fuel flow meter ☐ time recorder ☐ temperature recorder ☐ pressure ☐ other – describe:
'unknown' or estimate		Describe "other"	Describe "other"	Describe "other"
	b. Manufacturer:			
	c. Model #:			
	d. Monitor ID #:			
	a Installation data	Facility's Designation	Facility's Designation	Facility's Designation
(e. Installation date:	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
	f. DEP approval #:			
Leave f, g, h	g. DEP approval date:			
applicable.	h. Decommission date:	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
		(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
	i. Recorder ?	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no
	j. Audible alarm ?	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no
?	k. Data system ?	☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no
	I. Monitored pollutants - check all that apply:	PM 10 PM 2.5 SO2 CO VOC NO2 NH3 Mercury Oxygen CO2 H2S HCL Opacity other – describe:	PM 10 PM 2.5 S02 C0 VOC N02 NH3 Mercury Oxygen C02 H2S HCL Opacity other – describe:	☐ PM 10 ☐ PM 2.5 ☐ SO2 ☐ CO ☐ VOC ☐ NO2 ☐ NH3 ☐ Mercury ☐ Oxygen ☐ CO2 ☐ H2S ☐ HCL ☐ Opacity ☐ other – describe:
		Describe offici	Describe oniel	Describe offici

Bureau of Waste Prevention – Air Quality

BWP AQ AP-2

Emission Unit – Process Description

Year of record
10
DEP EU# (old Point #)
1210261
Facility AQ identifier

A. Emission Unit – Process Description (cont.)

? 15	. Are there air pollution control de	Check here if you need to report more than 3 air pollution control devices on	
How to delete a control	✓ yes – answer a through i	☐ no – skip to Section B	this unit. eDEP will add another page of control devices after this form.
	Air pollution control device 1	Air pollution control device 2	Air pollution control device 3
	FABRIC FILTER		
	a. Type WAPC	Туре	Туре
Do not leave blank – if unknown	b. Manufacturer NA	Manufacturer	Manufacturer
write 'unknown' or estimate	c. Model number CARBSILOFF	Model number	Model number
estimate	d. Facility's ID for this device 7/1/2000	Facility's ID for this device	Facility's ID for this device
?	e. Installation date (mm/dd/yyyy) MBR-98-ECP-005	Installation date (mm/dd/yyyy)	Installation date (mm/dd/yyyy)
Leave f, g, h	f. DEP approval # (most recent) 6/9/1999	DEP approval # (most recent)	DEP approval # (most recent)
blank if not applicable.	g. DEP approval date (mm/dd/yyyy)	DEP approval date (mm/dd/yyyy)	DEP approval date (mm/dd/yyyy)
	h. Decommission date (mm/dd/yyyy)	Decommission date (mm/dd/yyyy)	Decommission date (mm/dd/yyyy)
?	,	nter for all pollutants that the device	e was designed to control:
PM 10	99.9		
PM 2.5	% Overall eff.	% Overall eff.	% Overall eff.
SO2	% Overall eff.	% Overall eff.	% Overall eff.
СО	% Overall eff.	% Overall eff.	% Overall eff.
VOC	% Overall eff.	% Overall eff.	% Overall eff.
	% Overall eff.	% Overall eff.	% Overall eff.
NO2	% Overall eff.	% Overall eff.	% Overall eff.
NH3	% Overall eff.	% Overall eff.	% Overall eff.
HOC	% Overall eff.	% Overall eff.	% Overall eff.
HYC	% Overall eff.	% Overall eff.	% Overall eff.
Hg	% Overall eff.	% Overall eff.	% Overall eff.
Pb			
Other	% Overall eff. 99.9	% Overall eff.	% Overall eff.
0.0101	% Overall eff. TOTAL SUSPENDED PARTICULATES	% Overall eff.	% Overall eff.
	Specify "Other"	Specify "Other"	Specify "Other"

Bureau of Waste Prevention – Air Quality

BWP AQ AP-2

Emission Unit – Process Description

2015 Year of record 10 DEP EU# (old Point #) 1210261 Facility AQ identifier

	В.	Emissions for Raw Materials/Finis	hed Products		
		Add a NEW material / product: Check the box if you need to add a material or product that you did not report on previously (eDEP will add a blank Sect. B form to your package).	unit permanently. You mu of record even if amount is	uct: check the box if you I or making this product in this st still report data for this year "0" – the material / product init in the next report cycle.	
	1.	Operation description:	POWDERED ACTIVATED CARBON		
2		a. Raw material or finished product name:			
How does eDEF handle multiple	þ	Number of segments for this unit (previous records): 1 b. Is material/product an input or output?	✓ input □ output	1	
raw materials or finished products?		c. Process description:	DEP# CARBON STORED FOR USE IN PACIS		
	d. Source Classification Code (SCC):		30510199		
		(see instructions)	SC Code (call DEP if SC Code will not validate) BULK MATERIALS-OTHER-COMMENTS		
?		e. Maximum process rate for material/product:	SCC Description – filled by eDf 10 Amount	TONS Units per hour	
Note: Definition of Maximum process rate		f. If organic material, give weight % of:	VOC	HOC	
		a. Total actual raw material used or finished	HYC 97.3000	TONS	
		g. Total actual raw material used or finished product produced for year of record:	Amount 119.10	Units TONS	
		Enter "0" if not used in the year of record	Prior year – eDEP only	Units prior year	
	?	h. Do you have raw material or finished product restrictions?	☐ yes no – skip	to question 1.I	
(?	i. DEP approval number for restrictions:	Most recent approval number for	or this material or product	
·		j. Short term raw material/finished product restriction – if none, leave blank:	Quantity (amount or hours)	Units	
			Per: month wee	k	
		k. Annual material/product restrictionif none, leave blank:	Quantity (amount or hours)	Units	
		I. Indicate which air pollution control devices from	CARBSILOFF	Davisa ID #	
		Section A, Question 15 control this material/product by listing the facility-	Device ID #	Device ID #	
		designated control device ID # for each unit that applies:	Device ID #	Device ID #	
		•	Device ID #	Device ID #	
		How to make a new air pollution control device appear in these drop menus?	check here if ALL air pollu unit apply to this material/	tion control devices on the product	
	C	09/19/05	BWP AQ AP-2 Emission Unit -	Process Description • Page 5	

BWP AQ AP-2 Emission Unit - Process Description • Page 5

Bureau of Waste Prevention - Air Quality

BWP AQ AP-2

Emission Unit – Process Description

2015

Year of record

10

DEP EU# (old Point #) 1210261

Other:

Facility AQ identifier

B. Emissions for Raw Materials/Finished Products (cont.)

Total emissions for this material/product - tons per year:

iiiportant.
Leaving blanks for
Actual and Potential
emissions means that
you are certifying that
there were less than

0.0001 (or zero) tons of emissions for each blank.

	Pollutant	PM10	PM2.5	SO2	NO2	СО
	Actual for previous year eDEP only:	0.0011 Tons 0.0009	Tons	Tons	Tons	Tons
	Actual for year of record:	Tons	Tons	Tons	Tons	Tons
<u>?</u>	Potential emissions at maximum capacity uncontrolled:	.845 Tons	Tons	Tons	Tons	Tons
-	Emission factor:	0.0097			_	
	In pounds per unit::	TONS		_	_	_
one)	Max allowed – annual:	Tons	Tons	Tons	Tons	Tons
nk if n	Max allowed — short term:	Pounds	Pounds	Pounds	Pounds	Pounds
(leave blank if none)	Short term period:			_		_
(lea	Basis: DEP approval number or regulation:				_	

For this material or product only

?
Important:
Reporting now
required for
t-Butyl Acetate

Pollutant	voc	нос	*Reserved*	NH3	specify
Actual for previous year eDEP only:	Tons	Tons	Tons	Tons	Tons
Actual for year of record:	Tons	Tons	Tons	Tons	Tons
Potential emissions at maximum capacity uncontrolled:	Tons	Tons	Tons	Tons	Tons
Emission factor:		_			
In pounds per unit:		_			_
Max allowed – annual:	Tons	Tons	Tons	Tons	Tons
Max allowed – short term:	Pounds	Pounds	Pounds	Pounds	Pounds
Short term period:	-				_
Basis - DEP approval number or regulation:		_		·	_

For this material or product only (leave blank if none)

check to enter your own values

Bureau of Waste Prevention - Air Quality

BWP AQ AP-2

Emission Unit – Process Description

2015
ear of record
10
DEP EU# (old Point #)
1210261
Facility AO identifier

? 3.	Ozone season emissions – May 1 through September 30:					
	0	0				
	a. Typical ozone day VOC emissions – pounds per day	b. Typical ozone day NOx emissions – pounds per day				
	check to enter your own values	check to enter your own values				
	NOTE : The form has estimated the emissions for you. However, you may enter your own values by checking the boxes above for VOC and NOx.					

C. Notes and Attachments

1. **Notes**: please include in the space below any additional information that will help DEP understand your submission.

THIS AP-2 FORM REPLACES THE AP-4 FORM FOR THE CARBON SILO (NOTED FOR THE 2005 REPORTING YEAR).

2.	Attachments:
	Check here to submit attachments to this form (e.g., calculations). For eDEP on-line filers, this will create a new step on your Current Submittals Page where you will attach electronic files to your submittal. For attachments that cannot be sent electronically, please list all such attachments below and deliver them to DEP with a paper copy of this form.

Massachusetts Department of Environmental ProtectionBureau of Waste Prevention – Air Quality

BWP AQ AP-3

2015
Year of record
2
DEP EU# (old Point#)
1210261
Facility AQ identifier







	En	nission Unit – Incinerator: Solid Waste, Sludge, M	edical Waste, other Facility AQ identifier				
Important: When filling out forms on the	A. Emission Unit – Incinerator Information						
computer, use	1.	Facility identifiers:	Facility identifiers:				
only the tab key to move your		WHEELABRATOR NORTH ANDOVER INCORPORATED					
cursor – do not use the return		a. Facility name	4040004				
key.		b. DEP Account number	1210261 c. Facility AQ identifier – SSEIS ID number				
tab			•				
return	2.	Emission unit identifiers:					
		MUNICIPAL WASTE COMBUSTOR/BOILER #2					
		a. Facility's choice of emission unit name – edit as needed	0				
		b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # - SSEIS point #				
		5.1 dointy of officeron and name of a court do needed	e. Deli omissione unit ii Coelio point ii				
	3.	DEP approvals – leave blank if not applicable:					
		MBR-98-ECP-005	6/9/1999 b. DEP approval date (mm/dd/yyyy)				
		Most recent approval number	b. DEF approvar date (mm/dd/yyyy)				
	4.	Emission unit installation and decommission dates:					
How to delete		4/1/1985					
a unit ?		a. Installation date – estimate if unknown (mm/dd/yyyy)	 b. Decommission date (mm/dd/yyyy) – if applicable Complete only if the unit was shut down permanently of 				
			replaced since the last report.				
	5.	Emission unit replacement?					
		a. Is this unit, replacing another emission unit?					
		✓ no yes – enter DEP's emissions unit nun	nber for the unit being replaced below:				
		b. DEP's Emission Unit Number and facility's unit name					
	6.	Are there routine air quality reporting requirements for Registration)?	or this emissions unit (other than Source				
		a. Are there other routine air quality reporting require	ments for this emissions unit?				
		✓ yes – specify reporting frequency below □ no	o – skip to question 6c				
		b. Reporting frequency – check all that apply:					
		☐ Monthly ☑ Quarterly ☑ Semi-annual ☑ Annu	al 🗌 RES				
		(include Operating Permit and Plan Approval reports, but not exce	edance reporting)				
		c. Is this unit subject to (check all that apply):					
		□ NESHAP 🗹 NSPS 🔛 MACT					

Bureau of Waste Prevention - Air Quality

BWP AQ AP-3

Emission Unit – Incinerator: Solid Waste, Sludge, Medical Waste, other

2015
Year of record
2
DEP EU# (old Point#)
1210261
Facility AQ identifier

Note: This section is not for afterburners or	7.	Incinerator description:							
other pollution		a. Type: commercial industrial medical							
control equipment.		a. Type. 🗀 commercial 🗀 medical	MUNICIPAL WASTE COMBUSTOR						
		☐ municipal ☐ sludge ☑ other:	Specify "other" incinerator type						
		RILEY STOKER	4023						
		b. Manufacturer:	c. Model number						
		d. Maximum operating capacity:	62500						
			amount in units of: ☑ pounds OR ☐ tons of waste per hour						
			pounds on the control of waste per neur						
		173000	288.40						
		e. Pounds of steam per hour	f. MMBtu per hour						
	0	Wests time colors and	du vu khich tuoch						
	ŏ.	Waste type – select one:	– dry rubbish, trash – rubbish						
			- mix of rubbish & garbage						
		☐ Type 3 Waste	e – garbage						
			aste – infectious/medical waste aste – industrial (liquid) aste – industrial (solid)						
		☐ Type 6 Waste							
			ID WASTE						
	MUNICIPAL SOLID WASTE Specify Other Waste Type								
	Specify Office Waste Type								
	9.	Source Classification Code (SCC)	50100102						
		(see instructions):	SC Code (call DEP if SC code will not validate) MUNICIPAL INCIN-SINGLE CHAMBER						
			SC Code Description – filled by eDEP upon validation						
	10	. Amount of material incinerated in year of record:	233621.0000						
			Tons						
			232165						
	11	. Charging rate restriction (for batch units only):	Tons in previous year – eDEP only						
	11	. Charging rate restriction (for patch drifts only).	a. Amount						
			b. pounds of waste per hour OR						
			tons of waste per hour						
	40	Heat receiver (2							
	12	. Heat recovery?	☑ yes ☐ no						
	13	. Number of hearths:	1						
	14	. Total hearth area (total square footage):	813						
	4 -	Automotic foodor?	Square Feet						
	15	. Automatic feeder?	☑ yes ☐ no						

Massachusetts Department of Environmental ProtectionBureau of Waste Prevention – Air Quality

BWP AQ AP-3

Emission Unit - Incinerator: Solid Waste, Sludge, Medical Waste, other

2015
Year of record
2
DEP EU# (old Point#)
1210261
Facility AQ identifier

16.	6. Hours of operation for the emissio			ıt: a. ∐	a. Check if continuously o			•	
	24 h. Number	-f	<u>7</u>				d Number of weeks nor year		
		of hours per day		c. Number of days per week			d. Number of weeks per year		
	e. Percent of total annual operation that occurs in each calendar quarter:								
	25.9 Q1	24.2 Q2	24.7 Q3	25.2			Q2+Q3+Q4 must = 100% it was not operated for any quarter		
	Qı	QΖ	Q0	QТ					
17.	Ozone s	eason schedule	– May 1 throu	ıgh Septemb	per 30:				
	24		7	ozone season d		22			
18.		release point –		?	Dhysias! C	`tooko:			
	Non-S	tack Release Po	oints:		Physical S	Stacks:			
	☐ fugitive ☐ horizontal vent						, .		
	gooseneck downward facing vent vertical with rain cap/sleeve vertical stack/vent less than 10ft								
10		tack release point, s	kip to question 20		ok from the l	ist bolow:			
19.	Link this	unit to a physica	kip to question 20	licable) – pic	ck from the I	ist below:			
19.	Link this 1 DUAL FLUI	unit to a physica E STACK: 2 MUNICIPAL V	kip to question 20 Il stack (if app waste combustor	licable) – pid s					
19.	Link this 1 DUAL FLUI Facility's st	unit to a physica	kip to question 20 Il stack (if app WASTE COMBUSTOR TACK form – to 0	licable) – pio s change stack na	ame use the S	TACK form	m before returr	ning to this form	
19.	Link this 1 DUAL FLUI Facility's st	unit to a physica e stack: 2 MUNICIPAL V tack identifier from S	kip to question 20 Il stack (if app WASTE COMBUSTOR TACK form – to 0	licable) – pio s change stack na	ame use the S	TACK form	m before returr	ning to this form	
	Link this 1 DUAL FLUI Facility's st If the stack	unit to a physica E STACK: 2 MUNICIPAL V tack identifier from S I for this unit is not lis	kip to question 20 all stack (if app waste combustor TACK form – to o sted, save and ex	licable) – pio s change stack na	ame use the S'	TACK form a new Stack forr			
	Link this 1 DUAL FLUI Facility's st If the stack	unit to a physica e stack: 2 MUNICIPAL V tack identifier from S	kip to question 20 all stack (if app waste combustor TACK form – to o sted, save and ex	licable) – pio s change stack na	ame use the S' y and complete	TACK form a new Stack form		ning to this form	
	Link this 1 DUAL FLUI Facility's st If the stack	unit to a physica E STACK: 2 MUNICIPAL V tack identifier from S I for this unit is not lis	kip to question 20 all stack (if app waste combustor TACK form – to o sted, save and ex	licable) – pio s change stack na	ame use the S' and complete Primary 1800	TACK form a new Stack form Chamber 2400	Seconda	ary Chambe	
	Link this 1 DUAL FLUI Facility's st If the stack Tempera a. Opera	unit to a physica E STACK: 2 MUNICIPAL V Eack identifier from S I for this unit is not lis ature — degrees i tting range:	kip to question 20 all stack (if app waste combustor TACK form – to o sted, save and ex	licable) – pio s change stack na	ame use the S' y and complete	TACK form a new Stack form			
	Link this 1 DUAL FLUI Facility's st If the stack Tempera a. Opera	unit to a physica E STACK: 2 MUNICIPAL V tack identifier from S tor this unit is not lis ature — degrees i	kip to question 20 all stack (if app waste combustor TACK form – to o sted, save and ex	licable) – pio s change stack na	Primary 1800 Lower	TACK form a new Stack form Chamber 2400 Upper	Seconda	ary Chambe	
	Link this 1 DUAL FLUI Facility's st If the stack Tempera a. Opera	unit to a physica E STACK: 2 MUNICIPAL V Eack identifier from S I for this unit is not lis ature — degrees i tting range:	kip to question 20 all stack (if app waste combustor TACK form – to o sted, save and ex	licable) – pio s change stack na	Primary 1800 Lower 9999	TACK form a new Stack form Chamber 2400 Upper 9999	Seconda	ary Chambo	
20.	Link this 1 DUAL FLUI Facility's st If the stack Tempera a. Opera b. Permit	unit to a physica E STACK: 2 MUNICIPAL V Eack identifier from S I for this unit is not lis ature — degrees i tting range:	kip to question 20 all stack (if app MASTE COMBUSTOR TACK form – to o sted, save and ex	licable) – pio s change stack na	Primary 1800 Lower 9999	TACK form a new Stack form Chamber 2400 Upper 9999	Seconda	ary Chambe	
20.	Link this 1 DUAL FLUI Facility's st If the stack Tempera a. Opera b. Permit	unit to a physica E STACK: 2 MUNICIPAL V tack identifier from S tor this unit is not lis ature — degrees i tting range: tted range:	kip to question 20 Il stack (if app WASTE COMBUSTOR TACK form – to o sted, save and ex	licable) – pio s change stack na	Primary 1800 Lower 9999	TACK form a new Stack form Chamber 2400 Upper 9999	Seconda	ary Chambe	

Bureau of Waste Prevention - Air Quality

BWP AQ AP-3

Emission Unit - Incinerator: Solid Waste, Sludge, Medical Waste, other

Year of record

DEP EU# (old Point#)

1210261

Facility AQ identifier

22. Primary chamber auxiliary burners:	Primary chamber auxiliary burners:							
	rotary	steam atomizer hand fired						
FORMEY	Specify "other" burner ty	ре						
b. Burner manufacturer								
NOX MISER WT-20	40							
c. Burner model number	d. Maximum rating MMB	stu / hr						
e. Source Classification C code (SCC):	50190006							
(see instructions)	SC Code (call DEP if SC	•						
		SNS-NATURAL GAS						
	SC Code Description – I	illed by eDEP upon validation						
f. Type of fuel – check one:	☐ no.2 ☐ no.4	☐ no.6						
	☐ diesel 🗹 natu	ural gas other – describe:						
	Describe "other "fuel							
g. Sulfur content for oils (0-2.2):								
g. Canar content for one (c 2.2).	Percent by weight	Percent by weight						
h. Maximum hourly fuel rate for all firing		MILLION CUBIC FEET						
	Amount	Units per hour						
i. Total actual fuel used for year of record	d: 2.2755	MILLION CUBIC FEET						
(Enter "0" if not used in the year of record)	Amount – year of record							
	4.0240 Prior year – eDEP only	MILLION CUBIC FEE Units						
j. Do you have fuel or usage restrictions	? 😲 ☐ yes 🗹 no -	☐ yes ✓ no – skip to question 23						
k. DEP approval number for fuel restricti	ons: Most recent for this fuel							
I. Annual usage restriction (for this fuel):	Quantity	Units						
m. Short term use restriction (for this fue	Quantity	Units						

Bureau of Waste Prevention - Air Quality

BWP AQ AP-3

Emission Unit - Incinerator: Solid Waste, Sludge, Medical Waste, other

Year of record

DEP EU# (old Point#)

1210261

Facility AQ identifier

23.	Secondary chamber auxiliary burners:			
	Is there a secondary chamber?	☐ Yes 🗹 No –	if no skip to Question 2	4
	a. Type of burner – check one:	rotary air atomizer other:	☐ mech. atomizer ☐ traveling grate	steam atomizer hand fired
			Specify "other" burner type	
	b. Burner manufacturer			
	c. Burner model number		d. Maximum rating MMBtu/hi	r
	e. Source Classification C code (SC (see instructions)	e. Source Classification C code (SCC): (see instructions)		de will not validate)
			SC Code Description – filled	by eDEP upon validation
	f. Type of fuel – check one:		☐ no.2 ☐ no.4	☐ no.6
			☐ diesel ☐ natural g	gas
			Describe "other" fuel	
	g. Sulfur content for oils (0-2.2):		Percent by weight	
	h. Maximum hourly fuel rate for all fin	ring burners:	Amount	Units per hour
	i. Total actual fuel used for year of record: (Enter "0" if not used in the year of record)		Amount – year of record Prior year – eDEP only	Units
	j. Do you have fuel usage restrictions	s?	☐ yes ✓ no – sk	ip to question 24
	k. DEP approval number for fuel res	trictions:	Most recent for this fuel	
	I. Annual usage restriction (for this fu	uel):	Quantity	Units
	m. Short term fuel use restriction (for	r this fuel):	Quantity	Units
			Per: month we	eek □day □hour

Bureau of Waste Prevention - Air Quality

BWP AQ AP-3

Emission Unit - Incinerator: Solid Waste, Sludge, Medical Waste, other

Year of record

DEP EU# (old Point#)

1210261

Facility AQ identifier

24	24. Is there an air pollution control device/s on this emissions unit? Check here if you need to report more than 3 air pollution control devices on				
How to delete a control?	✓ yes – answer a through i	no – skip to question 25	this unit. eDEP will add another page of control devices after this form.		
a control:	Air pollution control device	Air pollution control device	Air pollution control device		
	FABRIC FILTER	SPRAY DRYER	ACTIVATED CARBON INJECTION (ACI)		
	a. Type	Туре	Туре		
Do not	WAPC	WAPC	WAPC		
leave blank – if unknown	b. Manufacturer NA	Manufacturer NA	Manufacturer NA		
write 'unknown' or	c. Model number	Model number	Model number		
estimate	FF2A d. Facility's ID for this device	SDA2A Facility's ID for this device	PACIS2A Facility's ID for this device		
6	7/1/2000	7/1/2000	7/1/2000		
	e. Installation date (mm/dd/yyyy) MBR-98-ECP-005	Installation date (mm/dd/yyyy) MBR-98-ECP-005	Installation date (mm/dd/yyyy) MBR-98-ECP-005		
	f. DEP approval # (most recent)	DEP approval # (most recent)	DEP approval # (most recent)		
Leave f, g, h blank if not	6/9/1999	6/9/1999	6/9/1999		
applicable.	g. DEP approval date (mm/dd/yyyy)	DEP approval date (mm/dd/yyyy)	DEP approval date (mm/dd/yyyy)		
	h. Decommission date (mm/dd/yyyy)	Decommission date (mm/dd/yyyy)	Decommission date (mm/dd/yyyy)		
?	<u> </u>	nter for all pollutants that the device	e was designed to control:		
PM 10	99.7		0.0 " "		
DM 0.5	% Overall eff.	% Overall eff.	% Overall eff.		
PM 2.5	% Overall eff.	% Overall eff.	% Overall eff.		
SO2	70 C 1614III 6111	75	75 G 1614 6111		
002	% Overall eff.	% Overall eff.	% Overall eff.		
CO					
	% Overall eff.	% Overall eff.	% Overall eff.		
VOC	% Overall eff.	% Overall eff.	% Overall eff.		
NO2	% Overall ell.	% Overall ell.	% Overall ell.		
NOZ	% Overall eff.	% Overall eff.	% Overall eff.		
NH3					
	% Overall eff.	% Overall eff.	% Overall eff.		
HOC					
	% Overall eff.	% Overall eff.	% Overall eff.		
HYC	% Overall eff.	% Overall eff.	% Overall eff.		
Ца	70 Overall cit.	70 Overall en.	85		
Hg	% Overall eff.	% Overall eff.	% Overall eff.		
Pb					
	% Overall eff.	% Overall eff.	% Overall eff.		
Other	99.7	95			
	% Overall eff.	% Overall eff.	% Overall eff.		
	TOTAL SUSPENDED PARTICULATES	HYDROCHLORIC ACID	Connection ((Oddonov))		
	Specify "Other"	Specify "Other"	Specify "Other"		

Bureau of Waste Prevention - Air Quality

BWP AQ AP-3

Emission Unit - Incinerator: Solid Waste, Sludge, Medical Waste, other

Year of record

DEP EU# (old Point#)

1210261

Facility AQ identifier

?	25. Is there monitoring equipment on this emissions unit: ✓ yes – answer a through I □ no – skip to section B				
How to delete a monitor?		Monitor 1	Monitor 2	Monitor 3	
Do not leave blank – if unknown	a. Monitor type:	check only one: CEMs opacity fuel flow meter time recorder temperature recorder pressure other – describe:	check only one: CEMs opacity fuel flow meter time recorder temperature recorder pressure other – describe:	check only one: CEMs opacity fuel flow meter time recorder temperature recorder pressure other – describe:	
write 'unknown' or estimate	b. Manufacturer:	Describe "other" LAND	Describe "other" KVB	Describe "other"	
	c. Model number:	4500MKII+	NA		
	d. Monitor ID #:	COMS	CEMS		
	e. Installation date:	Facility's Designation 2/9/2005	Facility's Designation 4/1/1985	Facility's Designation	
	f. DEP approval #:	(mm/dd/yyyy) MBR-98-ECP-005	(mm/dd/yyyy) MBR-98-ECP-005	(mm/dd/yyyy)	
Leave f, g, h blank if not applicable.	g. DEP approval date: h. Decommission date: i. Recorder? j. Audible alarm? k. Data system? l. Monitored pollutants – check all that apply:	6/9/1999 (mm/dd/yyyy) ✓ yes ☐ no ✓ yes ☐ no ✓ yes ☐ no ☐ PM 10 ☐ PM 2.5 ☐ SO2 ☐ CO ☐ VOC ☐ NO2 ☐ NH3 ☐ Mercury ☐ Oxygen ☐ CO2	6/9/1999 (mm/dd/yyyy) (mm/dd/yyyy) ✓ yes □ no ✓ yes □ no □ PM 10 □ PM 2.5 ✓ SO2 ✓ CO □ VOC □ NO2 □ NH3 □ Mercury ☑ Oxygen ☑ CO2	(mm/dd/yyyy) (mm/dd/yyyy) yes no yes no per 10 per 2.5 so2 co voc No2 NH3 Mercury Oxygen co2	
		☐ H2S ☐ HCL ☑ Opacity ☐ other – describe: Describe "other"	H2S HCL Opacity other – describe:	H2S HCL Opacity other – describe:	

Bureau of Waste Prevention - Air Quality

BWP AQ AP-3

Emission Unit - Incinerator: Solid Waste, Sludge, Medical Waste, other

2015
Year of record
2
DEP EU# (old Point#)
1210261
Facility AQ identifier

B. Emissions

Important:
Leaving blanks for
Actual and Potential
emissions means that
you are certifying that
there were less than
0.0001 (or zero) tons
of emissions for each

blank.

1. Total emissions for this emissions unit – tons per year:

	1. Total ethissions for this ethissions unit – tons per year.							
	Pollutant	PM10	PM2.5	SO2	NO2	со		
r	Actual for previous year	0.9675	0.9675	20.9228	423.8795	11.0197		
tial	eDEP only	Tons	Tons	Tons	Tons	Tons		
that	Actual for year of	2.7541	2.7541	30.2768	383.3779	20.9165		
that an	record:	Tons	Tons	Tons	Tons	Tons		
ons	Potential emissions at	1916	301	474	487	63.4		
each	max capacity uncontrolled:	Tons	Tons	Tons	Tons	Tons		
	?Emission factor:	0.023600	0.023600	0.259200	3.282000	0.179100		
	Emission factor units in pounds per:	TONS	TONS	TONS	TONS	TONS		
	Maximum allowed			87.7	445.2	91.2		
n i	emissions – annual:	Tons	Tons	Tons	Tons	Tons		
n e	Maximum allowed							
ri di	emissions – short term:	Pounds	Pounds	Pounds	Pounds	Pounds		
For the entire unit only	Short term period (or MMBtu):							
For	MMBtu): Resis: DEP approval number or regulation:			MBR-98-ECP-005	MBR-98-ECP-005	MBR-98-ECP-005		
						Other:		
	Pollutant	VOC	нос	*Reserved*	NH3			

	Pollutant	voc	НОС	*Reserved*	NH3	Specify
	Actual for previous year eDEP only:	2.3244 Tons	Tons	Tons	0.5976 Tons	Tons
	Actual for year of record:	2.3378 Tons	Tons	Tons	0.8787 Tons	Tons
	Potential emissions at maximum capacity uncontrolled:	205 Tons	Tons	Tons	9.2 Tons	Tons
	Emission factor:	0.02			0.007500	
	Emission factor units in pounds per:	TONS			TONS	
	Maximum allowed				8	
<u>e</u>	emissions – annual:	Tons	Tons	Tons	Tons	Tons
only (leave blank if none)	Maximum allowed emissions – short term:	Pounds	Pounds	Pounds	Pounds	Pounds
e blan	Short term period (or MMBtu):					
(lea	Basis – DEP approval number or regulation:		_	_	MBR-98-ECP-005	

NOTE for Ozone Season Emissions

For the entire unit

2. Ozone season emissions – May 1 through September 30:

12.3484	2025.0319
a. Typical day VOC emissions – pounds per day	b. Typical day NOx emissions – pounds per day
check to enter your own values	check to enter your own values

Bureau of Waste Prevention – Air Quality

BWP AQ AP-3

Emission Unit - Incinerator: Solid Waste, Sludge, Medical Waste, other

2015
Year of record
2
DEP EU# (old Point#)
1210261
Facility AO identifier

C. Notes and Attachments

1. Notes: please include any additional information that will help DEP understand your submission.

THERE ARE TWO DENTICAL FORNEY MODEL NOX MISER WT-20 NATURAL GAS FIRED BURNERS LOCATED IN THE PRIMARY CHAMBER. EACH BURNER IS RATED AT 40 MMBTU/HR. REPORTED SO2, NOX AND CO EMISSIONS ARE BASED ON CEMS DATA. REPORTED PM10, PM2.5, NH3 AND HCL EMISSIONS ARE BASED ON STACK TEST DATA. VOC EMISSIONS ARE ESTIMATED USING AN EMISSION FACTOR. ALSO INCLUDED ARE EMISSION FACTOR BASED ESTIMATES OF EMISSION RESULTING FROM NATURAL GAS COMBUSTION IN THE AUXILLIARY BURNERS DURING STARTUP AND SHUTDOWN. ORIGINAL CEMS MANUFACTURER WAS KVB. CEMS EQUIPMENT HAS BEEN MODIFIED ON SEVERAL OCCASIONS OVER THE LIFE OF THE FACILITY. MOST RECENTLY FF OUTLET ANALYZERS WERE REPLACED WITH A MULTI-COMPONENT ANALYZER AND A STACK FLOW MONITOR WAS INSTALLED TO ALLOW MONITORING OF CO2 EMISSIONS FOR GHG REPORTING PURPOSES.

2. Attachments:

Check here to submit attachments to this form (e.g., calculations). For eDEP on-line filers, this will
create a new step on your Current Submittals Page where you will attach electronic files to your
submittal. For attachments that cannot be sent electronically, please list all such attachments
below and deliver them to DEP with a paper copy of this form.

Bureau of Waste Prevention - Air Quality

BWP AQ AP-3

✓ yes – answer a through i

Emission Unit - Incinerator: Solid Waste, Sludge, Medical Waste, other

no – skip to question 25

Year of record

DEP EU# (old Point#)

1210261

Facility AQ identifier

A. Emission Unit – Incinerator Information (cont.)

24. Is there an air pollution control device/s on this emissions unit?

a control device?			
	Air pollution control device	Air pollution control device	Air pollution control device
	SNCR (SELECTIVE NONCATALYTIC REDUCTION)		
	a. Type WAPC	Туре	Туре
Do not leave blank – if unknown	b. Manufacturer NA	Manufacturer	Manufacturer
write 'unknown' or	c. Model number SNCR2A	Model number	Model number
estimate	d. Facility's ID for this device 7/1/2000	Facility's ID for this device	Facility's ID for this device
	e. Installation date (mm/dd/yyyy) MBR-98-ECP-005	Installation date (mm/dd/yyyy)	Installation date (mm/dd/yyyy)
Leave f, g, h blank if not	f. DEP approval # (most recent) 6/9/1999	DEP approval # (most recent)	DEP approval # (most recent)
applicable.	g. DEP approval date (mm/dd/yyyy)	DEP approval date (mm/dd/yyyy)	DEP approval date (mm/dd/yyyy)
	h. Decommission date (mm/dd/yyyy)	Decommission date (mm/dd/yyyy)	Decommission date (mm/dd/yyyy)
	i. Percent overall efficiency – ent	er for all pollutants that the device	was designed to control:
PM 10	0/ 0	% Overall eff.	0/ 0
PM 2.5	% Overall eff.	% Overall eff.	% Overall eff.
	% Overall eff.	% Overall eff.	% Overall eff.
SO2	% Overall eff.	% Overall eff.	% Overall eff.
CO	0/ O	0/ O	0/ 0
VOC	% Overall eff.	% Overall eff.	% Overall eff.
	% Overall eff.	% Overall eff.	% Overall eff.
NO2	% Overall eff.	% Overall eff.	% Overall eff.
NH3	0/ Overall off	% Overall eff.	0/ Overall off
HOC	% Overall eff.	% Overall ell.	% Overall eff.
	% Overall eff.	% Overall eff.	% Overall eff.
HYC	% Overall eff.	% Overall eff.	% Overall eff.
Hg	0/ 0	O/ Overall off	O/ Occasill aff
Pb	% Overall eff.	% Overall eff.	% Overall eff.
	% Overall eff.	% Overall eff.	% Overall eff.

% Overall eff.

Specify "Other"

Other

% Overall eff.

Specify "Other"

% Overall eff.

Specify "Other"

Bureau of Waste Prevention - Air Quality

BWP AQ AP-3

2015
Year of record
1
DEP EU# (old Point#)
1210261
Facility AQ identifier







	En	nission Unit – Incinerator: Solid Waste, Sludge, M	edical Waste, other	Facility AQ identifier
Important: When filling out forms on the	A.	Emission Unit – Incinerator Informa	tion	
computer, use only the tab key	1.	Facility identifiers:		
to move your		WHEELABRATOR NORTH ANDOVER INCORPORATED		
cursor – do not use the return		a. Facility name 132771	1210261	
key.		b. DEP Account number	c. Facility AQ identifier – SSEI	S ID number
tab				
return	2.	Emission unit identifiers:		
		MUNICIPAL WASTE COMBUSTOR/BOILER #1		
		a. Facility's choice of emission unit name – edit as needed	1	
		b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # - SS	EIS point #
	3.	DEP approvals – leave blank if not applicable:		
		MBR-98-ECP-005	6/9/1999	
		a. Most recent approval number	b. DEP approval date (mm/dd.	/уууу)
<u> </u>	4.	Emission unit installation and decommission dates:		
How to delete		3/1/1985		
a unit ?		a. Installation date – estimate if unknown (mm/dd/yyyy)	b. Decommission date (mm/do	d/yyyy) – if applicable was shut down permanently or
			replaced since the last rep	
	5.	Emission unit replacement?		
		a. Is this unit, replacing another emission unit?		
		✓ no	nber for the unit being rep	placed below:
		b. DEP's Emission Unit Number and facility's unit name		
	6.	Are there routine air quality reporting requirements fo Registration)?	r this emissions unit (other	er than Source
	a. Are there other routine air quality reporting requirements for this emissions unit?			unit ?
		✓ yes – specify reporting frequency below □ no	o – skip to question 6c	
		b. Reporting frequency – check all that apply:		
		☐ Monthly ☑ Quarterly ☑ Semi-annual ☑ Annu	al 🗌 RES	
		(include Operating Permit and Plan Approval reports, but not exceed	edance reporting)	
		c. Is this unit subject to (check all that apply):		
		□NESHAP ✓ NSPS ✓ MACT		

Bureau of Waste Prevention - Air Quality

BWP AQ AP-3

Emission Unit - Incinerator: Solid Waste, Sludge, Medical Waste, other

2015 Year of record DEP EU# (old Point#) 1210261 Facility AQ identifier

A. Emission Unit – Incinerator Information (cont.)

Note: This section is not for afterburners or	7.	Incinerator description:						
other pollution		a. Type: commercial industrial medical						
control equipment.		a. Type. 🗀 commercial 🗀 medical	MUNICIPAL WASTE COMBUSTOR					
		☐ municipal ☐ sludge ☑ other:	Specify "other" incinerator type					
		RILEY STOKER	4022					
		b. Manufacturer:	c. Model number					
		d. Maximum operating capacity:	62500					
			amount in units of: ☑ pounds OR ☐ tons of waste per hour					
			pounds on the control of waste per neur					
		173000	288.40					
		e. Pounds of steam per hour	f. MMBtu per hour					
	0	Wests time colors and	du vu khich tuoch					
	ö.	Waste type – select one:	– dry rubbish, trash – rubbish					
			- mix of rubbish & garbage					
		☐ Type 3 Waste	– garbage					
			- infectious/medical waste					
			- industrial (liquid)					
		☐ Type 6 Waste	– industrial (solid)					
	MUNICIPAL SOLID WASTE							
	Specify Other Waste Type							
	9.	Source Classification Code (SCC)	50100102					
		(see instructions):	SC Code (call DEP if SC code will not validate) MUNICIPAL INCIN-SINGLE CHAMBER					
			SC Code Description – filled by eDEP upon validation					
	10	. Amount of material incinerated in year of record:	232533.0000					
			Tons					
			227984 Tons in previous year – eDEP only					
	11	. Charging rate restriction (for batch units only):	Tolls in previous year – ebci only					
	• •	. Orlanging rate roometon (for bater anne emy).	a. Amount					
			 b. ☐ pounds of waste per hour OR 					
			tons of waste per hour					
	12	. Heat recovery?	☑ yes □ no					
	12	. Heat recovery:	v yes □ 110					
	13	. Number of hearths:	1					
	14. Total hearth area (total square footage):		813					
			Square Feet					
	15	. Automatic feeder?	✓ yes □ no					
	_		_ , _					

Bureau of Waste Prevention – Air Quality

BWP AQ AP-3

Emission Unit - Incinerator: Solid Waste, Sludge, Medical Waste, other

2015
Year of record
1
DEP EU# (old Point#)
1210261
Facility AQ identifier

	24			7		50		
	b. Number of hours per day			c. Number of days per week		d. Nu	d. Number of weeks per year	
	e. Percent of total annual operation that occurs in each calendar quarter:							
	26.4		24.9				2+Q3+Q4 must = 100% was not operated for any quarter	
	Q1	Q2	Q3	Q4	Ol O	ii tile tilit was ite	or operated for a	arry quarter
17.	Ozone s	eason schedu	le – May 1 t	hrough Septem	nber 30:			
	24			7		20		
	a. Ozone s	season hours per	day	b. Ozone season	days per week	c. We	eeks operated ir	n ozone season
19.	☐ ver	tical stack/ven	t, skip to questi	Oft on 20.		I with rain cap	/sieeve	
19.	If Non-S Link this 1 DUAL FLU Facility's s	Stack release point unit to a physi E STACK: 2 MUNICIPA stack identifier from	t less than 1 t, skip to questi cal stack (if AL WASTE COMBU IN STACK form	on 20. applicable) – p	ick from the	list below:		ing to this form
	If Non-S Link this 1 DUAL FLU Facility's s If the stack	Stack release point unit to a physi E STACK: 2 MUNICIPA stack identifier from	t less than 1 t, skip to questi cal stack (if AL WASTE COMBU n STACK form t listed, save an	on 20. applicable) – p stors – to change stack ind exit this form no	ick from the name use the S	list below:	m before return	ing to this form
	If Non-S Link this 1 DUAL FLU Facility's s If the stack	Stack release point unit to a physic stack: 2 MUNICIPAL tack identifier from a for this unit is no	t less than 1 t, skip to questi cal stack (if AL WASTE COMBU n STACK form t listed, save an	on 20. applicable) – p stors – to change stack ind exit this form no	ick from the name use the S w and complete Primary 1800	TACK form a a new Stack form Chamber 2400	n before return	ary Chambe
	If Non-S Link this 1 DUAL FLU Facility's s If the stack	Stack release point unit to a physical stack: 2 MUNICIPAL tack identifier from control for this unit is no eature — degree ating range:	t less than 1 t, skip to questi cal stack (if AL WASTE COMBU n STACK form t listed, save an	on 20. applicable) – p stors – to change stack ind exit this form no	ick from the name use the Sw and complete	list below: TACK form e a new Stack form	m before return	
	If Non-S Link this 1 DUAL FLU Facility's s If the stack	Stack release point unit to a physic stack: 2 MUNICIPAL tack identifier from a for this unit is no	t less than 1 t, skip to questi cal stack (if AL WASTE COMBU n STACK form t listed, save an	on 20. applicable) – p stors – to change stack ind exit this form no	ick from the name use the S w and complete Primary 1800 Lower	TACK form e a new Stack form / Chamber 2400 Upper	n before return	nry Chambe
20.	If Non-S Link this 1 DUAL FLU Facility's s If the stack Tempera a. Opera	Stack release point unit to a physical stack: 2 MUNICIPAL tack identifier from control for this unit is no eature — degree ating range:	t less than 1 t, skip to questi cal stack (if AL WASTE COMBU n STACK form t listed, save an	on 20. applicable) – p stors – to change stack ind exit this form no	Primary 1800 Lower 9999	TACK form e a new Stack form / Chamber 2400 Upper 9999	Seconda	Tupper
20.	If Non-S Link this 1 DUAL FLU Facility's s If the stack Tempera a. Opera b. Permi	Etical stack/ven Stack release point unit to a physi unit to a physi us stack: 2 MUNICIPA stack identifier from c for this unit is no atture — degree atting range: itted range:	t less than 1 t, skip to questi cal stack (if at waste comet n STACK form t listed, save an	on 20. applicable) – p stors – to change stack ind exit this form no	Primary 1800 Lower 9999	TACK form e a new Stack form / Chamber 2400 Upper 9999	Seconda	Tupper

Bureau of Waste Prevention - Air Quality

BWP AQ AP-3

Emission Unit - Incinerator: Solid Waste, Sludge, Medical Waste, other

Year of record

DEP EU# (old Point#)

1210261

Facility AQ identifier

22.	Primary chamber auxiliary burners:					
	a. Type of burner – check one: ☐ rotary ☐ air atomizer ☐ other:	☐ mech. atomizer ☐ traveling grate ☐	steam atomizer hand fired			
	FORMEY	Specify "other" burner type				
	b. Burner manufacturer					
	NOX MISER WT-20	40				
	c. Burner model number	d. Maximum rating MMBtu / hi	r			
	e. Source Classification C code (SCC): (see instructions)	50190006 SC Code (call DEP if SC code will not validate) AUX.FUEL/NO EMSNS-NATURAL GAS SC Code Description – filled by eDEP upon validation				
	f. Type of fuel – check one:	no.2 no.4	no.6			
		☐ diesel	gas			
		Describe "other "fuel				
	g. Sulfur content for oils (0-2.2):					
		Percent by weight				
	h. Maximum hourly fuel rate for all firing burners:	0.0762 Amount	MILLION CUBIC FEET Units per hour			
	i. Total actual fuel used for year of record:	2.2615	MILLION CUBIC FEET			
	(Enter "0" if not used in the year of record)	Amount – year of record 3.9550	Units MILLION CUBIC FEE			
		Prior year – eDEP only	Units			
	j. Do you have fuel or usage restrictions?	☐ yes ✓ no – skip to question 23				
	k. DEP approval number for fuel restrictions:	Most recent for this fuel				
	I. Annual usage restriction (for this fuel):	Quantity	Units			
	m. Short term use restriction (for this fuel):	Quantity	Units			
		Per: month wee	ek 🗌 day 🔲 hour			

Bureau of Waste Prevention – Air Quality

BWP AQ AP-3

Emission Unit - Incinerator: Solid Waste, Sludge, Medical Waste, other

2015
Year of record
1
DEP EU# (old Point#)
1210261
Facility AQ identifier

23.	Secondary chamber auxiliary burners:				
	Is there a secondary chamber?	☐ Yes 🗹 No –	if no skip to Question 24	4	
	a. Type of burner – check one:	☐ rotary ☐ air atomizer ☐ other:	☐ mech. atomizer ☐ traveling grate	steam atomizer hand fired	
			Specify "other" burner type		
	b. Burner manufacturer				
	c. Burner model number		d. Maximum rating MMBtu/hr		
	e. Source Classification C code (SCC (see instructions)	C):	SC Code (call DEP if SC code will not validate)		
			SC Code Description – filled by eDEP upon validation		
	f. Type of fuel – check one:		☐ no.2 ☐ no.4	☐ no.6	
			☐ diesel ☐ natural gas ☐ other – describe:		
			Describe "other" fuel		
	g. Sulfur content for oils (0-2.2):		Describe		
	h. Maximum hourly fuel rate for all fir	ing burners:	Percent by weight		
			Amount	Units per hour	
	i. Total actual fuel used for year of re (Enter "0" if not used in the year of record)	cord:	Amount – year of record	Units	
			Prior year – eDEP only	Units	
	j. Do you have fuel usage restrictions?		☐ yes ✓ no – ski	ip to question 24	
	k. DEP approval number for fuel rest	rictions:	Most recent for this fuel		
	I. Annual usage restriction (for this fu	el):	Quantity	Units	
	m. Short term fuel use restriction (for	this fuel):	Quantity	Units	
			Per: month we	eek 🗌 day 🔲 hour	

Bureau of Waste Prevention - Air Quality

BWP AQ AP-3

Emission Unit - Incinerator: Solid Waste, Sludge, Medical Waste, other

Year of record

1
DEP EU# (old Point#)
1210261
Facility AQ identifier

24	. Is there an air pollution control	Check here if you need to report more than 3 air pollution control devices on		
How to delete a control?	✓ yes – answer a through i	no – skip to question 25	this unit. eDEP will add another page of control devices after this form.	
a control:	Air pollution control device	Air pollution control device	Air pollution control device	
	FABRIC FILTER	SNCR (SELECTIVE NONCATALYTIC REDUCTION)	SPRAY DRYER	
	a. Type WAPC	Type WAPC	Type WAPC	
Do not	b. Manufacturer	Manufacturer		
leave blank – if unknown	NA	NA NA	Manufacturer NA	
write	c. Model number	Model number	Model number	
'unknown' or estimate	FF1	SNCR1	SDA1	
Communic	d. Facility's ID for this device	Facility's ID for this device	Facility's ID for this device 7/1/2000 Installation date (mm/dd/yyyy)	
<u> </u>	7/1/2000	7/1/2000		
	e. Installation date (mm/dd/yyyy)	Installation date (mm/dd/yyyy)		
	MBR-98-ECP-005	MBR-98-ECP-005	MBR-98-ECP-005	
Leave f, g, h blank if not	f. DEP approval # (most recent) 6/9/1999	DEP approval # (most recent) 6/9/1999	DEP approval # (most recent) 6/9/1999	
applicable.	g. DEP approval date (mm/dd/yyyy)	DEP approval date (mm/dd/yyyy)	DEP approval date (mm/dd/yyyy)	
	h. Decommission date (mm/dd/yyyy)	Decommission date (mm/dd/yyyy)	Decommission date (mm/dd/yyyy)	
?	i. Percent overall efficiency – e	nter for all pollutants that the device w	vas designed to control:	
PM 10	99.7	0	0	
	% Overall eff.	% Overall eff.	% Overall eff.	
PM 2.5	99	0	0	
	% Overall eff.	% Overall eff.	% Overall eff.	
SO2	0	0	75	
	% Overall eff.	% Overall eff.	% Overall eff.	
CO	0	<u>0</u>	0	
	% Overall eff.	% Overall eff.	% Overall eff.	
VOC	0	0	0	
NOO	% Overall eff.	% Overall eff.	% Overall eff.	
NO2	0 % Overall eff.	43 % Overall eff.	% Overall eff.	
NILIO	% Overall ell.	O Overall ell.	0	
NH3	% Overall eff.	% Overall eff.	% Overall eff.	
HOC	70 Overall ell.	70 Overall ell.	70 Overall ell.	
1100	% Overall eff.	% Overall eff.	% Overall eff.	
HYC	% Overall eff.	% Overall eff.	% Overall eff.	
Hg				
	% Overall eff.	% Overall eff.	% Overall eff.	
Pb	% Overall eff.	% Overall eff.	% Overall eff.	
Other	99.7	0	95	
5	% Overall eff.	% Overall eff.	% Overall eff.	
	TOTAL SUSPENDED PARTICULATES	TOTAL SUSPENDED PARTICULATES	HYDROCHLORIC ACID	
	Specify "Other"	Specify "Other"	Specify "Other"	

Bureau of Waste Prevention - Air Quality

BWP AQ AP-3

Emission Unit - Incinerator: Solid Waste, Sludge, Medical Waste, other

2015
Year of record
1
DEP EU# (old Point#)
1210261
Facility AQ identifier

A. Emission Unit – Incinerator Information (cont.)

?	25. Is there monitoring equipment on this emissions unit: ✓ yes – answer a through I □ no – skip to section B				
How to delete a monitor?		Monitor 1	Monitor 2	Monitor 3	
Do not leave blank – if unknown	a. Monitor type:	check only one: ☐ CEMs ☐ opacity ☐ fuel flow meter ☐ time recorder ☐ temperature recorder ☐ pressure ☐ other – describe:	check only one: CEMs opacity fuel flow meter time recorder temperature recorder pressure other – describe:	check only one: CEMs opacity fuel flow meter time recorder temperature recorder pressure other – describe:	
write 'unknown' or estimate	b. Manufacturer:	Describe "other" LAND	Describe "other" KVB	Describe "other"	
	c. Model number:	4500MKII+	NA		
	d. Monitor ID #:	COMS	CEMS		
	e. Installation date:	Facility's Designation 3/23/2005	Facility's Designation 3/1/1985	Facility's Designation	
	f. DEP approval #:	(mm/dd/yyyy) MBR-98-ECP-005	(mm/dd/yyyy) MBR-98-ECP-005	(mm/dd/yyyy)	
Leave f, g, h blank if not applicable.	g. DEP approval date:	6/9/1999 (mm/dd/yyyy)	6/9/1999 (mm/dd/yyyy)	(mm/dd/yyyy)	
	h. Decommission date: i. Recorder?	(mm/dd/yyyy) ☑ yes ☐ no	(mm/dd/yyyyy) ✓ yes □ no	(mm/dd/yyyyy) ☐ yes ☐ no	
	j. Audible alarm?	✓ yes □ no	☑ yes ☐ no	☐ yes ☐ no	
	k. Data system?	☑ yes □ no	☑ yes ☐ no	☐ yes ☐ no	
	I. Monitored pollutants – check all that apply:	☐ PM 10 ☐ PM 2.5 ☐ SO2 ☐ CO ☐ VOC ☐ NO2 ☐ NH3 ☐ Mercury ☐ Oxygen ☐ CO2 ☐ H2S ☐ HCL ☑ Opacity ☐ other – describe:	☐ PM 10 ☐ PM 2.5 ☑ SO2 ☑ CO ☐ VOC ☑ NO2 ☐ NH3 ☐ Mercury ☑ Oxygen ☑ CO2 ☐ H2S ☐ HCL ☐ Opacity ☐ other – describe:	☐ PM 10 ☐ PM 2.5 ☐ SO2 ☐ CO ☐ VOC ☐ NO2 ☐ NH3 ☐ Mercury ☐ Oxygen ☐ CO2 ☐ H2S ☐ HCL ☐ Opacity ☐ other – describe:	
		Describe "other"	Describe "other"	Describe "other"	

Bureau of Waste Prevention - Air Quality

BWP AQ AP-3

Emission Unit - Incinerator: Solid Waste, Sludge, Medical Waste, other

2015 Year of record DEP EU# (old Point#) 1210261 Facility AQ identifier

B. Emissions

Important: Leaving blanks for Actual and Potential emissions means that you are certifying that there were less than 0.0001 (or zero) tons of emissions for each

blank.

	Pollutant	PM10	PM2.5	SO2	NO2	СО
r	Actual for previous year	1.0794	1.0794	19.8432	394.3853	11.2977
ial	eDEP only	Tons	Tons	Tons	Tons	Tons
that	Actual for year of	1.5712	1.5712	20.3953	354.5090	17.2920
that an	record:	Tons	Tons	Tons	Tons	Tons
ons	Potential emissions at	1916	301	474	487	63.4
ach	max capacity uncontrolled:	Tons	Tons	Tons	Tons	Tons
	Emission factor:	0.013500	0.013500	0.175400	3.049100	0.148700
	Prinssion factor.					
	Emission factor units	TONS	TONS	TONS	TONS	TONS
	in pounds per:					
_	Maximum allowed			87.7	445.2	91.2
For the entire unit only (leave blank if none)	emissions – annual:	Tons	Tons	Tons	Tons	Tons
	Maximum allowed					
	emissions – short term:	Pounds	Pounds	Pounds	Pounds	Pounds
	Short term period (or MMBtu):					
Fo	Basis: DEP approval number or regulation:			MBR-98-ECP-005	MBR-98-ECP-005	MBR-98-ECP-005
	number of regulation.					Other:
	Pollutant	VOC	нос	*Reserved*	NH3	
	Pollutant		нос	*Reserved*		Other: Specify
		VOC 2.2826	НОС	*Reserved*	NH3 1.5170	

	Pollutant	voc	нос	*Reserved*	NH3	Specify
	Actual for previous year eDEP only:	2.2826 Tons	Tons	Tons	1.5170 Tons	Tons
	Actual for year of record:	2.3269 Tons	Tons	Tons	0.9410 Tons	Tons
	Potential emissions at maximum capacity uncontrolled:	205 Tons	Tons	Tons	9 Tons	Tons
	Emission factor:	0.02			0.008100	
	Emission factor units in pounds per:	TONS			TONS	
ne)	Maximum allowed emissions – annual:	Tons	Tons	Tons	Tons	Tons
only only (leave blank if none)	Maximum allowed emissions – short term:	Pounds	Pounds	Pounds	Pounds	Pounds
	Short term period (or MMBtu):		_	_		
(lea	Basis – DEP approval number or regulation:	-			MBR-98-ECP-005	-

NOTE for **Ozone Season Emissions**

For the entire unit

Ozone season emissions – May 1 through September 30:

13.3670	2036.5023
a. Typical day VOC emissions – pounds per day	b. Typical day NOx emissions – pounds per day
check to enter your own values	check to enter your own values

Bureau of Waste Prevention - Air Quality

BWP AQ AP-3

Emission Unit – Incinerator: Solid Waste, Sludge, Medical Waste, other

2015
Year of record
1
DEP EU# (old Point#)
1210261
Facility AO identifier

C. Notes and Attachments

1. **Notes:** please include any additional information that will help DEP understand your submission.

THERE ARE TWO DENTICAL FORNEY MODEL NOX MISER WT-20 NATURAL GAS FIRED BURNERS LOCATED IN THE PRIMARY CHAMBER. EACH BURNER IS RATED AT 40 MMBTU/HR. REPORTED SO2, NOX AND CO EMISSIONS ARE BASED ON CEMS DATA. REPORTED PM10, PM2.5, NH3 AND HCL EMISSIONS ARE BASED ON STACK TEST DATA. VOC EMISSIONS ARE ESTIMATED USING AN EMISSION FACTOR. ALSO INCLUDED ARE EMISSION FACTOR BASED ESTIMATES OF EMISSION RESULTING FROM NATURAL GAS COMBUSTION IN THE AUXILLIARY BURNERS DURING STARTUP AND SHUTDOWN. ORIGINAL CEMS MANUFACTURER WAS KVB. CEMS EQUIPMENT HAS BEEN MODIFIED ON SEVERAL OCCASIONS OVER THE LIFE OF THE FACILITY. MOST RECENTLY FF OUTLET ANALYZERS WERE REPLACED WITH A MULTI-COMPONENT ANALYZER AND A STACK FLOW MONITOR WAS INSTALLED TO ALLOW MONITORING OF CO2 EMISSIONS FOR GHG REPORTING PURPOSES.

2. Attachments:

Check here to submit attachments to this form (e.g., calculations). For eDEP on-line filers, this will
create a new step on your Current Submittals Page where you will attach electronic files to your
submittal. For attachments that cannot be sent electronically, please list all such attachments
below and deliver them to DEP with a paper copy of this form.

Bureau of Waste Prevention - Air Quality

BWP AQ AP-3

Emission Unit - Incinerator: Solid Waste, Sludge, Medical Waste, other

Year of record

DEP EU# (old Point#)

1210261

Facility AQ identifier

A. Emission Unit – Incinerator Information (cont.)

24. Is there an air pollution control device/s on this emissions unit?

How to delete a control device?	✓ yes – answer a through i	no – skip to question 25	
a control device:	Air pollution control device	Air pollution control device	Air pollution control device
	ACTIVATED CARBON INJECTION (ACI)		
	a. Type	Туре	Туре
Danet	WAPC		
Do not leave blank –	b. Manufacturer	Manufacturer	Manufacturer
if unknown	NA		
write	c. Model number	Model number	Model number
'unknown' or estimate	PACIS1A		
estimate	d. Facility's ID for this device	Facility's ID for this device	Facility's ID for this device
2	7/1/2000		
	e. Installation date (mm/dd/yyyy)	Installation date (mm/dd/yyyy)	Installation date (mm/dd/yyyy)
	MBR-98-ECP-005		
Loove for h	f. DEP approval # (most recent)	DEP approval # (most recent)	DEP approval # (most recent)
Leave f , g , h blank if not	6/9/1999		
applicable.	g. DEP approval date (mm/dd/yyyy)	DEP approval date (mm/dd/yyyy)	DEP approval date (mm/dd/yyyy)
	h. Decommission date (mm/dd/yyyy)	Decommission date (mm/dd/yyyy)	Decommission date (mm/dd/yyyy)
	i. Percent overall efficiency – er	nter for all pollutants that the device	was designed to control:
PM 10			
	% Overall eff.	% Overall eff.	% Overall eff.

		·	-	
PM 10	% Overall eff.	% Overall eff.	% Overall eff.	
PM 2.5				
000	% Overall eff.	% Overall eff.	% Overall eff.	
SO2	% Overall eff.	% Overall eff.	% Overall eff.	
СО				
VOC	% Overall eff.	% Overall eff.	% Overall eff.	
VOC	% Overall eff.	% Overall eff.	% Overall eff.	
NO2	O/ Owners II off	O/ Owners II of f	0/ Q //	
NH3	% Overall eff.	% Overall eff.	% Overall eff.	
	% Overall eff.	% Overall eff.	% Overall eff.	
HOC	% Overall eff.	% Overall eff.	% Overall eff.	
HYC	70 Overall ell.	70 Overall ell.	70 Overall ell.	
	% Overall eff.	% Overall eff.	% Overall eff.	
Hg	85 % Overall eff.	% Overall eff.	% Overall eff.	
Pb				
Other	% Overall eff.	% Overall eff.	% Overall eff.	
Other	% Overall eff.	% Overall eff.	% Overall eff.	
	-			
	Specify "Other"	Specify "Other"	Specify "Other"	

Bureau of Waste Prevention - Air Quality

Emission Unit - Organic Material Storage

2015
Year of record
9
DEP EU# (old Point #)
1210261
Facility AQ identifier

	Complete one AP-4 for EACH organic material storage tank.			
Important: When filling out forms on	A	. Equipment Description		
the computer, use only the	1.	Facility identifiers:		
tab key to		WHEELABRATOR NORTH ANDOVER INCORPO	DRATED	
move your cursor – do		a. Facility name		
not use the		132771	1210261	
return key.		b. DEP Account number	c. Facility AQ identifier - SSEIS ID number	
tab				
	2.	Emission unit identifiers:		
return		ABOVEGROUND UREA STORAGE TANK		
		a. Facility's choice of emission unit name – edit as needed		
		9	9	
		b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # - SSEIS point #	
(?)		d. Combined Units – enter number of individual units		
How to combine				
units?				
	3.	Emission unit installation and decommission dates	S:	

7/1/2000

	77 172000
	a. Installation date – estimate if unknown (mm/dd/yyyy)
How to delete	
a unit?	

b. Decommission date (mm/dd/yyyy) - if applicable

Complete only if the unit was shut down permanently or replaced since the last report.

?)4.	Emission unit replacement:					
	a. Is this unit replacing another emission unit?					
	v no □	yes – enter DEP's e	emissions	s unit numbe	per for the unit being replaced below:	
	b. DEP's Emission	n Unit Number and facility	unit name	•		
? 5.	Unit description	ns:				
	a. Description:	✓ above ground	☐ belo	ow ground		
	b. Roof type:	☐ floating roof ✓ fixed	inte	ernal roof er:	Specify other	
	21.25	11		15000	Specify office	
	c. Height / Length -	- feet d. Diameter - fe	eet	e. Capacity -	- gallons	

steel weld other weld rivet fiberglass gunite

6. Construction:

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

Year of record
9
DEP EU# (old Point #)
1210261
Facility AQ identifier

A. Equipment Description (cont.)

7.	Material stored (at start of year):	
	UREA	
	a. Name of material	
		30187013
	b. CAS number if single chemical	c. SC Code for standing / breathing loss
	UREA:BREATHING LOSS	
?	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C 151897.0000
•	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)
?	h. RVP – gasoline only	i. Total oxygen percent – gasoline only
	j. Oxygenate name – gasoline only	
8.	New material stored (enter new material if conter	nts changed during year of record):
	a. Name of material	
	b. CAS number if single chemical	c. SC Code for standing / breathing loss
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
	f. Temperature – typical storage temp. in °Fahrenheit	g. Annual throughput in gallons
	h. RVP – gasoline only	i. Total oxygen percent – gasoline only
	j. Oxygenate name – gasoline only	
В.	Notes and Attachments	
1.	Notes : please include in the space below any ad your submission.	ditional information that will help DEP understand
	TANK IS USED TO STORE UREA FOR REDUCTION (SNCR) SYSTEMS.	USE IN SELECTIVE NON CATALYTIC

2. Attachments:

Check here to submit attachments to this form. For attachments that **cannot** be sent electronically, please list all such attachments in notes above and deliver them to DEP with a

paper copy of this form.

for SC Code help

Bureau of Waste Prevention - Air Quality

Emission Unit - Organic Material Storage

2015 Year of record 12 DEP EU# (old Point #) 1210261 Facility AQ identifier

Complete one AP-4	for EACH	organic material	storage tank.
-------------------	----------	------------------	---------------

Important:
When filling
out forms on
the computer,
use only the
tab key to
move your
cursor – do
not use the
return key.
tab
tab

combine units?

a unit?

Coi	nplete one AP-4 for EACH organic material storage tar	ık.
Α.	Equipment Description	
1.	Facility identifiers:	
	WHEELABRATOR NORTH ANDOVER INCORPOR	RATED
	a. Facility name	
	132771	1210261
	b. DEP Account number	c. Facility AQ identifier – SSEIS ID number
2.	Emission unit identifiers:	
	ABOVEGROUND DIESEL FUEL STORAGE TANK	
	a. Facility's choice of emission unit name – edit as needed	
	12	12
	b. Facility's emission unit number / code – edit as needed	c. DEP emissions unit # - SSEIS point #
	d. Combined Units – enter number of individual units	
	a. Sombined office of trainbot of marvadar affice	
3.	Emission unit installation and decommission dates:	
<i>J</i> .		
	a. Installation date – estimate if unknown (mm/dd/yyyy)	h Decommission data (mm/dd/www) if applicable
	a. Installation date – estillate il drikhown (min/dd/yyyy)	b. Decommission date (mm/dd/yyyy) – if applicable
		Complete only if the unit was shut down permanently or replaced since the last report.
4	Emission wit real compant.	
4.	Emission unit replacement:	
	a. Is this unit replacing another emission unit?	
	✓ no	wher for the unit being replaced below
	no yes – enter DEP's emissions unit nu	mber for the unit being replaced below:
	b. DEP's Emission Unit Number and facility unit name	
5.	Unit descriptions:	
	_	
	a. Description: 🗹 above ground 🗌 below groun	nd
	b Roof type: ☐ floating roof ☐ internal roof	

	16 10		
b. DEP's Emission Unit Num	nber and facility unit name	9	
Unit descriptions:			
a. Description: 🗹 abov	ve ground	ow ground	
b. Roof type:	ting roof	ernal roof	
fixed	d ☑ oth	er:	CONVAULT TANK
11 5	5.67	1000	Specify other
c. Height / Length – feet d.	. Diameter – feet	e. Capacity –	gallons

✓ steel weld □ other weld □ rivet □ fiberglass □ gunite

6. Construction:

Bureau of Waste Prevention - Air Quality

BWP AQ AP-4

Emission Unit - Organic Material Storage

Year of record
12
DEP EU# (old Point #)
1210261
Facility AQ identifier

A. Equipment Description (cont.)

7.	Material stored (at start of year):	
	DIESEL FUEL	
	a. Name of material	
	68476346	40400121
	b. CAS number if single chemical	c. SC Code for standing / breathing loss
	DIESEL FUEL STANDING LOSS	0.006
_	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
2	54	25227.0000
	f. Temperature – typical storage temp. in [°] Fahrenheit	g. Annual throughput in gallons (enter 0 if not used)
_		
?	h. RVP – gasoline only	i. Total oxygen percent – gasoline only
	j. Oxygenate name – gasoline only	
8.	New material stored (enter new material if contents	s changed during year of record):
	a. Name of material	
	b. CAS number if single chemical	c. SC Code for standing / breathing loss
	d. SC Code description – filled by eDEP	e. Vapor pressure in PSI at 25° C
	f Tananaratura turi salatarana tanan is 05ahasahait	a. A consol throughout in college
	f. Temperature – typical storage temp. in ^o Fahrenheit	g. Annual throughput in gallons
	h. RVP – gasoline only	i. Total oxygen percent – gasoline only
	3 ,	3 , , , , , , , , , , , , , , , , ,
	j. Oxygenate name – gasoline only	
	Natara and Adda da and and a	
В.	Notes and Attachments	
1.	Notes: please include in the space below any addi	itional information that will help DEP understand
	your submission.	·
	TANK USED TO STORE DIESEL FUEL F	OR USE IN ROLLING STOCK. THIS
	TANK REPLACED EU#8.	

2. Attachments:

Check here to submit attachments to this form. For attachments that **cannot** be sent electronically, please list all such attachments in notes above and deliver them to DEP with a paper copy of this form.

for SC Code help



Bureau of Waste Prevention - Air Quality

BWP AQ AP-TES

Total Emissions Statement & Hazardous Air Pollutant List

Year of record 1210261 Facility AQ identifier

A. Annual Total Emissions Statement

Important:

When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.





1. Facility Identifiers:

WHEELABRATOR NORTH ANDOVER INCORPORATED

a. Facility name

132771

1210261

b. DEP Account number

c. Facility AQ identifier - SSEIS ID number

- 2. **Total Emissions** This form calculates your facility's actual and potential emissions by adding the emissions you entered in forms for each emission unit. The results are displayed in the table below. You must validate forms for each emission unit before the results below can be complete. To enter HAP emissions, see Section D.
- 3. **Facility-wide Emission Limits** -- Please enter facility-wide annual or short-term emissions limits below, if any. To enter HAP restrictions, see Section D.

	Pollutant:	PM10	PM2.5	SO2	NO2	СО
	Actual for previous year	5.6561	2.048	40.7691	818.3115	22.3274
	eDEP only	Tons	Tons	Tons	Tons	Tons
	Actual for year of record:	7.9657	4.3262	50.6747	737.9261	38.2169
		Tons	Tons	Tons	Tons	Tons
	Potential emissions at max	3860.2368	602.3679	949.0433	989.8731	130.2164
	capacity uncontrolled:	Tons	Tons	Tons	Tons	Tons
	Facility-wide max allowed			682.1	1515.8	176.8
(emissions – annual:	Tons	Tons	Tons	Tons	Tons
o ge	Facility-wide max allowed					
-ķi	emissions – short term:	Pounds	Pounds	Pounds	Pounds	Pounds
Facility-wide	Short term period:					
Fac	Basis: DEP approval number or regulation:			MBR-88-INC-004	MBR-88-INC-004	MBR-88-INC-004
	Pollutant:	voc	нос	*Reserved*	NH3	☐ *Reserved*
	Actual for previous year	4.6108	0	0	2.1148	
	eDEP only	Tons	Tons	Tons	Tons	Tons
	Actual for year of record:	4.6679	0	0	1.8199	
		Tons	Tons	Tons	Tons	Tons
	Potential emissions at max	411.2956	0	0	18.2762	
	capacity uncontrolled:	Tons	Tons	Tons	Tons	Tons
	Facility-wide max allowed					
<u>></u>	emissions – annual:	Tons	Tons	Tons	Tons	Tons
g e	Facility-wide max allowed					
-wi	emissions – short term:	Pounds	Pounds	Pounds	Pounds	Pounds
Facility-wide	Short term period:					
Fac	Basis: DEP approval number or regulation:					



GHG thresholds - what to report and what not to report here

HAP thresholds - what to report and what not to report here

Massachusetts Department of Environmental Protection

Bureau of Waste Prevention - Air Quality

BWP AQ AP-TES

2015 Year of record 1210261 Facility AQ identifier

Total Emissions Statement & Hazardous Air Pollutant List

A. Annual Total Emissions Statement (co	ont.`	١
---	-------	---

|--|

4.	4. If you have facility-wide fuel, raw material, or product restrictions, complete the following for ea				
a.	MBR-95-OPP-012	66.96	TONS	HOUR	
	DEP approval # (most recent) MSW FEEDRATE	Amount of restriction	Restriction units	Per unit time	
	Description of fuel, raw material o	r product restricted			
h					
b.	DEP approval # (most recent)	Amount of restriction	Restriction units	Per unit time	
	Description of fuel, raw material o	r product restricted			
C.					
	DEP approval # (most recent)	Amount of restriction	Restriction units	Per unit time	
	Description of fuel, raw material o	r product restricted			
B.	Greenhouse Gas I	_ist			
1.	Please indicate which – if a by checking the appropriate	-	greenhouse gas chemicals are	used and/or emitted	
	Use Emitted Nitrous oxide N Sulfur Hexaflue		e Emitted Hydrofluorocarbons (PF		
C.	Hazardous Air Po	lutant (HAP) L	_ist		
1.		of the Hazardous Air	Pollutants regulated under Sec	tion 112 of the Clean	
	yes - indicate which che no - skip to section D.	micals are used and	which are emitted by checking	the appropriate boxes	
Use	Hazardous Air Po Emitted	llutants CAS#	Hazardous Air F	Pollutants CAS#	
	 ☐ Acetaldehyde ☐ Acetamide ☐ Acetonitrile ☐ Acetophenone ☐ 2-Acetylaminofluorene ☐ Acrylamide 	75-07-0 60-35-5 75-05-8 98-86-2 53-96-3 107-02-8 79-06-1	☐ Allyl chloride ☐ 4-Aminobiphenyl ☐ Aniline ☐ O-Anisidine ☐ Asbestos ☐ Benzene ☐ Benzidine	107-05-1 92-67-1 62-53-3 90-04-0 1332-21-4 71-43-2 92-87-5	

79-10-7

107-13-1

Benzidine

Benzotrichloride

Benzyl chloride

Acrylic acid

Acrylonitrile

92-87-5

98-07-7

100-44-7



Bureau of Waste Prevention – Air Quality

BWP AQ AP-TES

Total Emissions Statement & Hazardous Air Pollutant List

2015

Year of record **1210261**

Facility AQ identifier

C. Hazardous Air Pollutant (HAP) List (cont.)

Use	Emi	tted	CAS#	Use	Emi	tted	CAS#
		Biphenyl	92-52-4			2,4-Dinitrotoluene	121-14-2
		Bis(2-ethylhexyl)phthalate	117-81-7			1,4-Dioxane (1,4-Diethyleneoxide)	123-91-1
		Bis(chloromethyl)ether	542-88-1			1,2-Diphenylhydrazine	122-66-7
		Bromoform	75-25-2			Epichlorohydrin (1-Chloro-2,3-epoxypropane	
		1,3-Butadiene	106-99-0			1,2-Epoxybutane (1,2-Butylene oxide)	106-88-7
		Calcium cyanamide	156-62-7			Ethyl acrylate	140-88-5
		Captan	133-06-2			Ethyl benzene	100-41-4
		Carbaryl	63-25-2			Ethyl carbamate (Urethane)	51-79-6
		Carbon disulfide	75-15-0			Ethyl chloride (Chloroethane)	75-00-3
		Carbon tetrachloride	56-23-5			Ethylene dibromide (1,2-Dibromoethane)	
		Carbonyl sulfide	463-58-1			Ethylene dichloride (1,2-Dichloroethane)	
		Catechol	120-80-9			Ethylene glycol	107-21-1
		Chloramben	133-90-4			Ethylene imine (Aziridine)	151-56-4
		Chlordane	57-74-9			Ethylene oxide	75-21-8
		Chlorine	7782-50-5			Ethylene thiourea	96-45-7
		Chloroacetic acid	79-11-8			Ethylidene dichloride (1,1-Dichloroethane)	
		2-Chloroacetophenone	532-27-4			Formaldehyde	50-00-0
		Chlorobenzene	108-90-7			Heptachlor	76-44-8
		Chlorobenzilate	510-15-6			Hexachlorobenzene	118-74-1
		Chloroform	67-66-3			Hexachloro-butadiene	87-68-3
		Chloromethyl methyl ether	107-30-2			Hexachlorocyclopentadiene	77-47-4
		Chloroprene	126-99-8			Hexachloroethane	67-72-1
		Cresols (mixed isomers)	1319-77-3			Hexamethylene-1,6-diisocyanate	822-06-0
		m-Cresol	108-39-4			Hexamethylphosphoramide	680-31-9
		o-Cresol	95-48-7			Hexane	110-54-3
		p-Cresol	106-44-5			Hydrazine	302-01-2
		Cumene	98-82-8		V	Hydrochloric acid	7647-01-0
		2,4-D, salts and esters	94-75-7			Hydrogen fluoride	7664-39-3
		DDE	72-55-9			Hydrogen sulfide	7783-06-4
		Diazomethane	334-88-3			Hydroquinone	123-31-9
		Dibenzofuran	132-64-9			Isophorone	78-59-1
		1,2-Dibromo-3-chloropropane	96-12-8			Lindane	58-89-9
		Dibutylphthalate	84-74-2			Maleic anhydride	108-31-6
		1,4-Dichlorobenzene	106-46-7			Methanol	67-56-1
		3,3-Dichlorobenzidene	91-94-1			Methoxychlor	72-43-5
		Dichloroethylether (Bis(2-chloroethyl)ether)	111-44-4			Methyl bromide (Bromomethane)	74-83-9
		1,3-Dichloropropene (1,3-Dichloropropylene)				Methyl chloride (Chloromethane)	74-87-3
		Dichlorvos	62-73-7			Methyl chloroform (1,1,1-Trichloroethane)	71-55-6
		Diethanolamine	111-42-2				78-93-3
		N,N-Diethyl aniline (N,N-Dimethylaniline)				Methyl hydrazine	60-34-4
		Diethyl sulfate	64-67-5				74-88-4
		3,3-Dimethoxybenzidine	119-90-4			Methyl isobutyl ketone (Hexone)	108-10-1
		Dimethyl aminoazobenzene	60-11-7			Methyl isocyanate	624-83-9
		3,3-Dimethyl benzidine	119-93-7			Methyl methacrylate	80-62-6
		Dimethyl carbamoyl chloride	79-44-7			Methyl tert-butyl ether	1634-04-4
		Dimethyl formamide (N,N-)	68-12-2			4,4-Methylenebis(2-chloroaniline)	101-14-4
		1,1-Dimethyl hydrazine	57-14-7			Methylene chloride (Dichloromethane)	75-09-2
		Dimethyl phthalate	131-11-3			Methylene diphenyl diisocyanate(MDI)	101-68-8
		Dimethyl sulfate	77-78-1			4,4-Methylenedianiline	101-77-9
		4,6-Dinitro-o-cresol and salts	534-52-1				91-20-3
		2,4-Dinitrophenol	51-28-5			Nitrobenzene	98-95-3



Bureau of Waste Prevention - Air Quality

BWP AQ AP-TES

Total Emissions Statement & Hazardous Air Pollutant List

2015 Year of record 1210261

Facility AQ identifier

C. Hazardous Air Pollutant (HAP) List (cont.)

Use	Emitted	CAS#	Use	Emitted	CAS#
	☐ 4-Nitrobiphenyl	92-93-3		☐ Vinylidene chloride (1,1-Dichloroethylene)	75-35-4
	☐ 4-Nitrophenol	100-02-7		☐ Xylene (mixed isomers)	1330-20-7
	☐ 2-Nitropropane	79-46-9		☐ m-Xylene	108-38-3
	□ N-Nitrosodimethylamine	62-75-9		☐ o-Xylene	95-47-6
	□ N-Nitrosomorpholine	59-89-2		☐ p-Xylene	106-42-3
	□ N-Nitroso-N-methylurea	684-93-5		☐ Antimony	7440-36-0
	☐ Parathion	56-38-2			
	☐ Pentachloronitrobenzene (Quintozene)	82-68-8	Arse	nic compounds:	
	☐ Pentachlorophenol	87-86-5		☐ Arsenic	7440-38-2
	☐ Phenol	108-95-2		☐ Arsine	7784-42-1
	☐ p-Phenylenediamine	106-50-3			
	□ Phosgene	75-44-5	Othe	r Metals:	
	☐ Phosphine	7803-51-2		☐ Beryllium	7440-41-7
	☐ Phosphorous	7723-14-0		☐ Cadmium	7440-43-9
	☐ Phthalic anhydride	85-44-9		☐ Chromium	7440-47-3
	□ PCBs	1336-36-3		□Cobalt	7440-48-4
	☐ 1,3- Propane sultone	1120-71-4		☐ Lead	7439-92-1
	☐ beta-Propiolactone	57-57-8		☐ Manganese	7439-96-5
	☐ Propionaldehyde	123-38-6		☐ Mercury	7439-97-6
	☐ Propoxur (Baygon)	114-26-1		□ Nickel	7440-02-0
	☐ Propylene dichloride (1,2 Dichloropropane	9)78-87-5		☐ Selenium	7782-49-2
	☐ Propylene oxide	75-56-9			
	☐ 1,2-Propylenimine (2-Methyl aziridine)	75-55-8		☐ Coke oven emissions	
	☐ Quinoline	91-22-5			
	☐ Quinone	106-51-4		☐ Cyanide compounds (XCN where X=H	or any other
	☐ Styrene	100-42-5		group where a formal dissociation may	occur)
	☐ Styrene oxide	96-09-3		☐ Hydrogen cyanide	74-90-8
	☐ 2,3,7,8-Tetrachlorodibenzo-p-dioxin	1746-01-6			
	☐ 1,1,2,2-Tetrachloroethane	79-34-5		☐ Glycol ethers (include mono- and di- e	sters of ethylene
	☐ Tetrachloroethylene (Perchloroethylene)	127-18-4		glycol, diethylene glycol, and triethylen	e glycol R-
	☐ Titanium tetrachloride	7550-45-0		(OCH2CH2)n-OR' where $n = 1, 2, or 3$	
	☐ Toluene	108-88-3		less; or R= phenyl or alkyl substituted	
	☐ Toluene-2,4- diamine	95-80-7		alkyl C7 or less; or OR' consisting of ca ester, sulfate, phosphate, nitrate or sul	•
	☐ 2,4-Toluene diisocyanate	584-84-9		☐ Fine mineral fibers (includes glass mic	
	☐ o-Toluidene	95-53-4	ш	wool fibers, rock wool fibers and slag v	
	☐ 1,2,4-Trichlorobenzene	120-82-1		characterized as "respirable" (fiber dia	
	☐ 1,1,2-Trichloroethane	79-00-5		micrometers) and possessing an aspe	
	☐ Trichloroethylene	79-01-6		length divided by fiber diameter) > 3)	()
	☐ 2,4,5-Trichlorophenol	95-95-4		☐ Polycyclic Organic Matters (POM) (incl	ludes organic
	☐ Triethylamine	121-44-8		compounds with more than one benze	ne ring, and
	☐ Trifluralin	1582-09-8		which have a boiling point greater than	or equal to 100
	☐ 2,2,4-Trimethylpentane	540-84-1	_	_ C)	
	☐ Vinyl acetate	108-05-4		Radionuclides (a type of atom which s	pontaneously
	☐ Vinyl bromide	593-60-2		undergoes radioactive decay)	
П	☐ Vinyl chloride	75-01-4			



operating permit?

to TURA?

Massachusetts Department of Environmental Protection

Bureau of Waste Prevention – Air Quality

BWP AQ AP-TES

Total Emissions Statement & Hazardous Air Pollutant List

2015	
Year of record	
1210261	
Facility AQ identifier	

D. Hazardous Air Pollutant Emissions

υ.	nazardous Air Foliutant Ellissions				
1.	Does the facility have the potential to emit (PTE) 10 tons of any single listed Hazardous Air Pollutant (HAP)?				
	✓ yes □ no				
2.	Does the facility have the potential to emit (PTE) a total of 25 tons of any combination of listed Hazardous Air Pollutants (HAPs)?				
	✓ yes □ no				
3.	Does the facility have a restriction on total HAPS?				
	☐ yes 🗾 no				
4.	Are you required to report HAP emissions here for any other reason? (e.g., a permit condition)				
	□ yes 🗾 no				
5.	If you answered "yes" to any of the questions 1- 4 above you need to report your single largest HAP emissions and your total HAP emissions for the year. You also need to report emissions for any HAP for which you have an emissions restriction. eDEP will generate additional pages needed to enter that data. If you wish to submit additional HAP data, you may add them to the HAP pages that follow or in the attachments and notes sections below.				
E.	Notes and Attachments				
1.					
2.	Attachments:				
	Check here to submit attachments to this form (e.g., calculations). For eDEP on-line filers, this will create a new step on your Current Submittals Page where you will attach electronic files to your submittal. For attachments that cannot be sent electronically, please list all such attachments in the notes field above and deliver them to DEP with a paper copy of this form.				



Bureau of Waste Prevention - Air Quality

BWP AQ AP-TES

Total Emissions Statement & Hazardous Air Pollutant List

2015 Year of record 1210261 Facility AQ identifier

F. Hazardous Air Pollutant Emissions



Emissions (in tons/yr): Enter the actual and potential emissions for your largest single HAP (i.e., the HAP your facility emitted the most of for this year of record). Enter emissions for any additional HAPs, and then validate the form. Do not enter Total HAP emissions here - eDEP will present another form for Total HAPs after you validate this form.

Max Allowable Emissions (in tons/yr): Enter only restrictions (limits) that apply to the entire facility. If there are no such restrictions, leave blank.

		HAP	HAP	HAP	
Where do you enter TOTAL	HAP name:	MERCURY COMPOUNDS	DIOXINS	CADMIUM	
HAP emissions?	CAS # for individual HAPs if applicable:	199	155	7440439	
	Actual for previous year	.0056	0	.0003	
	eDEP only:	Tons	Tons	Tons	
	Actual for year of record:	0.0042	0.0000	0.0005	
		Tons	Tons	Tons	
	Potential emissions at max capacity uncontrolled:	1.4440	.0005	2.98	
		Tons	Tons	Tons	
	Maximum allowed emissions – annual:	.0635	.0001	.0454	
vide Vide		Tons	Tons	Tons	
er f acility-wide limits only	Maximum allowed emissions – short term:	Pounds	Pounds	Pounds	
er fac limit	Short term period:				
?	Basis for max allowed – DEP approval # or regulation:	MBR-98-ECP-005	MBR-98-ECP-005	MBR-98-ECP-005	
		НАР	HAP	НАР	
	HAP name:	HYDROCHLORIC ACID	PBC		
	CAS # for individual HAPs if applicable:	HCL	PBC		
	Actual for previous year eDEP only:	12.9026	.003		
		Tons	Tons	Tons	
	Actual for year of record:	19.0846	0.0019		
		Tons	Tons	Tons	
	Potential emissions at max	1752	58.31		
	capacity uncontrolled:	Tons	Tons	Tons	
	Maximum allowed emissions – annual:	99.838	.9984		
<u>o</u>		Tons	Tons	Tons	
ķ	Maximum allowed				
r facility -	emissions – short term:	Pounds	Pounds	Pounds	
er f acility-wide limits only	Short term period:				
?	Basis for max allowed – DEP approval # or regulation:	MBR-98-ECP-005	MBR-98-ECP-005		

Do you have emissions to report for individual HAPs in addition to those above? \square yes \checkmark no

eDEP online filers: if you check yes, the system will provide you with an additional blank emissions table after you validate this form.



Bureau of Waste Prevention – Air Quality

BWP AQ AP-TES

1210261 Facility AQ

2015

Facility AQ identifier

Year of record

Total Emissions Statement & Hazardous Air Pollutant List

G. Total Hazardous Air Pollutant (HAP) Emissions

1. **Total HAP Emissions** – Enter your TOTAL HAP emissions for the facility below. Please enter any facility-wide restrictions on TOTAL HAPs below as well:

Facility-Wide Total HAP Emissions 12.9115 a. Actual for previous year eDEP only: Tons 19.0912 b. Actual for year of record: Tons 1815 c. Potential at max capacity uncontrolled: Tons d. Max allowed emissions - annual: Facility-wide restriction only Tons Facility-wide restriction only e. Max allowed emissions - short term: **Pounds** f. Short term period: g. Basis for max allowed emissions: DEP approval # or regulation